National Library of Canada
Bibliothèque nationale du Canada

Canadian Theses Service
Services des thèses canadiennes

Ottawa, Canada
K1A 0N4

CANADIAN THESES
THÈSES CANADIENNES

NOTICE

The quality of this microfiche is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Previously copyrighted materials (journal articles, published tests, etc.) are not filmed.

Reproduction in full or in part of this film is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30. Please read the authorization forms which accompany this thesis.

AVIS

La qualité de cette microfiche dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

Les documents qui font déjà l'objet d'un droit d'auteur (articles de revue, examens publiés, etc.) ne sont pas microfilmés.

La reproduction, même partielle, de ce microfilm est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30. Veuillez prendre connaissance des formules d'autorisation qui accompagnent cette thèse.

THIS DISSERTATION
HAS BEEN MICROFILMED
EXACTLY AS RECEIVED

LA THÈSE A ÉTÉ
MICROFILMÉE TELLE QUE
NOUS L'AVONS REÇUE

NL 339 (r. 86/01)

Canada

National Library of Canada
Canadian Theses Division
Ottawa, Canada
K1A 0N4

Bibliothèque nationale du Canada
Division des thèses canadiennes

0-315-24846-7

PERMISSION TO MICROFILM — AUTORISATION DE MICROFILMER

• Please print or type — Écrire en lettres moulées ou dactylographier

Full Name of Author — Nom complet de l'auteur

SHARON A. CHOMYN

Date of Birth — Date de naissance	Country of Birth — Lieu de naissance
Oct 6, 1958	Canada

Permanent Address — Résidence fixe

Box 1005
Wakaw, Saskatchewan
S0K 4P0

Title of Thesis — Titre de la thèse

Needs For Services in Saskatchewan Small Communities as Perceived by Residents

University — Université

Alberta

Degree for which thesis was presented — Grade pour lequel cette thèse fut présentée

M.Sc.

Year this degree conferred — Année d'obtention de ce grade	Name of Supervisor — Nom du directeur de thèse
1984	Dr. Dhara Gill

Permission is hereby granted to the NATIONAL LIBRARY OF CANADA to microfilm this thesis and to lend or sell copies of the film.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

L'autorisation est, par la présente, accordée à la BIBLIOTHÈQUE NATIONALE DU CANADA de microfilmer cette thèse et de prêter ou de vendre des exemplaires du film.

L'auteur se réserve les autres droits de publication; ni la thèse ni de longs extraits de celle-ci ne doivent être imprimés ou autrement reproduits sans l'autorisation écrite de l'auteur.

Date	Signature
Oct 6, 1984	Sharon Chomyn

NL-91 (4/77)

THE UNIVERSITY OF ALBERTA

NEEDS FOR SERVICES IN SASKATCHEWAN SMALL COMMUNITIES AS PERCEIVED BY RESIDENTS

by

(C) SHARON A. CHOMYN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF SCIENCE

IN

RURAL SOCIOLOGY

DEPARTMENT OF RURAL ECONOMY

EDMONTON, ALBERTA

FALL, 1984

THE UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR SHARON A. CHOMYN

TITLE OF THESIS NEEDS FOR SERVICES IN SASKATCHEWAN SMALL COMMUNITIES AS PERCEIVED BY RESIDENTS

DEGREE FOR WHICH THESIS WAS PRESENTED MASTER OF SCIENCE

YEAR THIS DEGREE GRANTED FALL, 1984

Permission is hereby granted to THE UNIVERSITY OF ALBERTA LIBRARY to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

(SIGNED) Sharon Chomyn

PERMANENT ADDRESS:

Box 1005

RR #1

Wakaw Saskatchewan

DATED Oct. 6 1984

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled NEEDS FOR SERVICES IN SASKATCHEWAN SMALL COMMUNITIES AS PERCEIVED BY RESIDENTS submitted by SHARON A. CHOMYN in partial fulfilment of the requirements for the degree of MASTER OF SCIENCE in RURAL SOCIOLOGY.

.....

Supervisor

.....

.....

.....

Date Sept. 7, 1984

ABSTRACT

Community services are integral to the quality of life in small communities. The objective of this study was to undertake a community services needs assessment to learn the adequacy of existing services relative to resident needs, and to identify high priority needs for immediate service improvement. Small communities in the province of Saskatchewan, and their residents, formed the focus for this empirical research.

Through a survey questionnaire, an attempt was made to learn residents' perceptions of satisfaction with a specified list of community services. Perceived essentiality for the provision of each of these services in small communities was also examined. Through an integration of these perspectives, a list of existing community service needs was developed. Relative priority for service improvement, hence need fullfillment, was also determined in this process.

The results of this study challenged much of the conventional wisdom with respect to provision of services in small communities. Traditional need areas such as recreation, education and health care have been addressed and satisfied to a significant degree in Saskatchewan small communities. The emerging needs list is quite sophisticated in its composition, particularly in these traditional areas. Specialized education programs for disabled or disadvantaged children and cultural-arts services emerged as high priority needs. Although a low satisfaction evaluation was assessed most social services, only those which focused on problems related to alcohol abuse were identified as having a high priority for improvement. Physical services, particularly streets and water, continue to require improvement despite the significant emphasis already placed on their provision.

Current provision of formal education services for children, protective services, at-home care for senior citizens and ice-sport facilities were considered highly satisfactory by survey respondents, relative to local needs.

ACKNOWLEDGEMENTS

I would like to thank the people who were integral to the realization of this thesis. First, I am indebted to Dr. Gill for his patience and guidance in seeing me through my academic wanderings. In this he exceeded his usual reputation. I am grateful also for the interest and insight offered by the members of my committee; Dr. Lamble, Dr. Haigh and Dr. Mohsen.

Where would I be without the computer and front office staff of the Department of Rural Economy? Probably still sitting in front of a terminal trying to figure out where to insert the quarter. Thank you Judy, Wendy and Jim, for textforming above and beyond the call of duty. And you too Clare, for your help with SPSS. I must acknowledge the contribution of Wic Adamowicz, not only for help with statistical analysis but also his role in enabling the name Chebychev to live in infamy in the annals of rural sociology. Thank you Richard for allowing me to share your office and observe the daily Soc. 202 undergraduate ritual, a definite day brightener in times of writer's-block, and for your relentless haranguing which helped me to help myself get done.

Finally, I would like to thank my parents for the love and support they have given me, not only in this project but so many times before. You are always there, whether in person, in thought or in memory.

Table of Contents

Chapter — Page

I. INTRODUCTION 1

A. Background to the Study 1

B. The Problem 1

C. Objectives of the Study 3

D. Empirical Methodology 4

E. Limitations of the Study 5

F. Assumptions 6

G. Plan of the Thesis 6

II. REVIEW OF RELATED LITERATURE 8

A. Needs 8

B. Needs Assessment 12

C. Approaches to Needs Assessment 13

Subjective Assessments of Community Service Needs: A Question of Utility 27

D. Resident Assessments of Community Service Needs: A Review of Literature 30

E. Summary 42

III. RESEARCH DESIGN AND METHODS OF DATA COLLECTION 44

A. Small Community: The Definitional Dilemma 44

B. Operationalizing Small Community 48

C. Developing a Framework for The Study 49

Nature of the Data Required 49

D. Methods of Data Collection 51

E. Design of the Survey Questionnaire 54

F. Sampling Procedures and Selection 55

The Community Sample 56

The Resident Sample: 59

G. The Pretest 64
H. The Problem of Non-Response 65
I. Administrative Procedures 68
J. Response Rates 69
K. How the Study was Received 70
L. Tabulation of the Data 73
M. Reliability and Validity of Empirical Data 74
IV. A PROFILE OF SASKATCHEWAN SMALL COMMUNITIES 77
A. Fringe Communities 77
B. Rural Regional Centres 85
C. District Service Towns 91
D. Home Towns 96
E. Summary 104
V. THE RESIDENTS OF SASKATCHEWAN SMALL COMMUNITIES: SOCIO-ECONOMIC CHARACTERISTICS 109
A. Personal Characteristics 109
Age of Respondents 109
Educational Attainment 111
Household Income 114
Marriage and the Family 116
Household Dependents 116
Needs for Special Services 121
B. Spatial Characteristics 121
Length of Residence 121
Reasons for Settlement 123
C. Attitudes and Behavior Related to Community Service Provision 127
Desirable Directions for Future Community Development 127

Willingness to Pay for Desired Community Service Improvements 137

Resident Assessment of the 'Performance' of Their Town Council Viz Community Service Provision 137

Opportunity to Participate in Decision-Making Related to Community Service Provision 142

Respondent Involvement in Community Service Provision Activities 142

D. Summary 144

The Respondents 146

Attitudes and Behaviors Related to the Provision of Community Services 149

Community Comparisons 151

VI. COMMUNITY SERVICE NEEDS 154

A. Satisfaction With Existing Community Services 154

B. Service Essentiality 170

The Three Most Essential Services 181

C. Provisional Emphasis 188

D. Community Services Needs 196

VII. CONCLUSIONS 204

A. Existing Community Services 204

B. Community Service Needs 205

C. Considerations for Service Improvement Planning 208

D. Small Community Category 208

E. Determination of Need 210

F. Concluding Statement 211

Bibliography 212

Appendix A 223

Appendix B 224

List of Tables

Table		Page
III.1	SASKATCHEWAN SMALL COMMUNITIES STRATIFIED ON THE BASIS OF SOCIAL DIFFERENTIATION LEVELS	60
III.2	PROPORTIONAL SAMPLE SIZE FOR DIFFERENTIATED SMALL COMMUNITIES	61
III.3	THE SAMPLE COMMUNITIES	61
III.4	SURVEY POPULATION AND SAMPLE SIZE IN EACH COMMUNITY STRATIFICATION LEVEL	63
III.5	SAMPLE SIZE AND RESPONSE RATE FOR TOTAL AND COMMUNITY SAMPLE	71
IV.1	SELECTED CHARACTERISTICS AND PRESENT LEVEL OF PHYSICAL SERVICES AVAILABLE IN SAMPLE COMMUNITIES	79
IV.2	OTHER COMMUNITY SERVICES AVAILABLE IN SAMPLE COMMUNITIES	80
V.1	AGE DISTRIBUTION: TOTAL SAMPLE	110
V.2	AGE DISTRIBUTION OF RESPONDENTS: COMMUNITY GROUPS	112
V.3	HIGHEST LEVEL OF EDUCATION ATTAINED	113
V.4	CROSSTABULATION OF EDUCATIONAL ATTAINMENT AND AGE OF RESPONDENTS	115
V.5	RESPONDENTS' GROSS ANNUAL HOUSEHOLD INCOME (1981)	117
V.6	MARITAL STATUS OF RESPONDENTS TOTAL & DIFFERENTIATED COMMUNITY SAMPLES	118
V.7	NUMBER OF CHILDREN IN RESPONDENT'S HOUSEHOLD	120
V.8	RESPONDENTS LENGTH OF RESIDENCE IN THEIR PRESENT COMMUNITIES	122
V.9	RESPONDENTS' REASONS FOR 'SETTLEMENT' IN THEIR PRESENT COMMUNITY	125
V.10	RESPONDENT'S REASONS FOR 'SETTLEMENT' IN THEIR PRESENT COMMUNITY: COMMUNITY-TYPE CATEGORIES	126

Table Page

V.11 RESPONDENT OPINION AS TO DESIRABLE COMMUNITY GROWTH IN THE INDUSTRIAL/MANUFACTURING SECTOR 129

V.12 RESPONDENT OPINION AS TO DESIRABLE COMMUNITY GROWTH IN THE COMMERCIAL/RETAIL SECTO 130

V.13 RESPONDENT OPINION AS TO DESIRABLE COMMUNITY GROWTH IN THE RESIDENTIAL SECTOR 131

V.14 RESPONDENT OPINION AS TO DESIRABLE COMMUNITY GROWTH IN THE COMMUNITY SERVICES SECTOR 132

V.15 WILLINGNESS OF RESPONDENTS TO PAY INCREASED TAXES TO EFFECT DESIRED COMMUNITY SERVICE IMPROVEMENTS 138

V.16 AMOUNT OF ADDITIONAL TAX DOLLARS RESPONDENTS ARE WILLING TO PAY TO EFFECT DESIRED COMMUNITY SERVICE IMPROVEMENTS 139

V.17 RESPONDENT ASSESSMENT OF TOWN COUNCIL PERFORMANCE WITH RESPECT TO COMMUNITY SERVICE PROVISION: TOTAL SAMPLE 141

V.18 RESPONDENT ASSESSMENT OF TOWN COUNCIL PERFORMANCE WITH RESPECT TO COMMUNITY SERVICE PROVISION: COMMUNITY CATEGORIES 143

V.19 ACTIVITIES ENGAGED IN BY RESPONDENTS TO INFLUENCE AND ENABLE LOCAL COMMUNITY SERVICE IMPROVEMENT 145

VI.1 RESIDENT SATISFACTION WITH EXISTING COMMUNITY SERVICES IN THEIR HOME COMMUNITIES 156

VI.2 RESIDENT SATISFACTION WITH LOCAL COMMUNITY SERVICES COLLAPSED SCALE FREQUENCY DISTRIBUTIONS 159

VI.3 COMMUNITY SERVICES FOR WHICH RESIDENTS EXPRESS A HIGH LEVEL OF SATISFACTION 161

VI.4 COMMUNITY SERVICES FOR WHICH RESIDENTS EXPRESS A MODERATE LEVEL OF SATISFACTION 164

VI.5 COMMUNITY SERVICES FOR WHICH RESIDENTS EXPRESS A LOW LEVEL OF SATISFACTION 167

VI.6 RESPONDENT ASSESSMENT OF COMMUNITY SERVICES ON THE BASIS OF PERCEIVED ESSENTIALITY FOR LOCAL PROVISION 171

Table Page

VI.7 COMMUNITY SERVICES ASSESSED TO BE HIGHLY ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES 174

VI.8 COMMUNITY SERVICES ASSESSED TO BE OF MODERATE ESSENTIALITY FOR PROVISION IN SMALL COMMUNITIES 177

VI.9 COMMUNITY SERVICES ASSESSED TO BE OF LOW ESSENTIALITY FOR PROVISION IN SMALL COMMUNITIES 180

VI.10 THE THREE MOST ESSENTIAL COMMUNITY SERVICES (EXCLUDING PHYSICAL SERVICES) AS RANKED BY RESIDENTS' MODAL RESPONSES 183

VI.11 SERVICES MOST ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES - FIRST RESPONSE BY RESIDENTS 184

VI.12 SERVICES MOST ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES - SECOND RESPONSE BY RESIDENTS 185

VI.13 SERVICES MOST ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES - THIRD RESPONSE BY RESIDENTS 186

VI.14 COMMUNITY SERVICES IDENTIFIED BY RESPONDENTS TO BE PROVISIONALLY UNDEREMPHASIZED BY LOCAL TOWN COUNCIL 192

VI.15 COMMUNITY SERVICES IDENTIFIED BY RESPONDENTS TO BE PROBISIONALLY OVEREMPHASIZED BY LOCAL TOWN COUNCIL 194

VI.16 COMMUNITY SERVICE SATISFACTION AND ESSENTIALITY MATRIX 198

List of Figures

Figure		Page
II.1	GRAPHIC REPRESENTATION OF THE CONCEPT OF NEED	11
IV.1	LOCATION OF SAMPLE COMMUNITIES	78

I. INTRODUCTION

A. Background to the Study

Concerns about the adequacy of community services have been central in the dialogue on small communities and their developmental experience. This concern is integral both to the overall concept of quality-of-life as well as community viability. In the most recent societal context, that of the small community 'rennaisance', the role of community services both as a dependent and independent variable has been considered and has been the subject of considerable empirical research. Despite this, distinct gaps exist in our knowledge relating to the needs of residents of small communities and the adequacy of existing community services in responding to and satisfying those needs.

B. The Problem

A dominant theme in the literature is that small communities are 'underserviced' relative to their metropolitan counterparts, and that residents of small communities generally lack local access to even basic services and must content with poor quality of services where they do exist. Whether this accurately reflects contemporary small communities and their circumstances is open to debate. Four general themes characterize the existing body of literature on this subject. These themes are:

1. Much of the literature is based upon empirical research conducted during the early to mid 1970's. The structure of the nonmetropolitan communities has continued to develop and evolve thoughout the ensuing period. External forces (senior government, higher level industry decisions etc.) have become involved in service provision at the local level, and through direct and indirect (grants, loans, etc.) measures have assisted small communities to improve their local service base. Population trends have reversed, with in-migration of residents becoming the dominant direction among small communities, with perhaps increased stability in population movements in more recent years. With the influx of new

residents, the composition of the small community population has changed, in terms of personal and familial characteristics, value orientations, needs and expectations. Many communities themselves have undergone a functional transition, acquiring new forms and roles in the macrocommunity system. These factors, among others, have, and continue to, influence the composition and perception of service needs among residents of small communities. In short, in view of the transformations which have occurred within the non-metropolitan community sector, generalizations based upon earlier data may not be valid if extended to the present-day circumstance.

2. By far, the greater proportion of recent research on contemporary small communities has focused upon those centers which have experienced significant population increase (particularly those located at the urban fringe), on the the socio-economic, familial and behavioral/attitudinal characteristics of inmigrants (and primarily those migrants who were of metropolitan-origin), on the impact of their 'appearance' upon the demand and supply of community services and upon conflicts which may have arisen with established residents regarding community services and desireable service improvements. Noteably underrepresented in the literature has been consideration of those small communities which experienced less dramatic population changes or those which are more remotely located but for whose residents the issue of need, community services and community service provision is no less real or essential.

3. Many of the needs assessments undertaken with respect to small communities have been based on the service-provider or 'knowledgeable expert' approach. That is, needs have been identified on behalf of residents of these centers by outside professionals, rather than being articulated by the residents themselves. As will be discussed in Chapter two of this thesis there are advantages to this approach. However, research has shown that the perceptions and evaluations of outside experts and community residents may differ distinctly on the issue of community service needs and adequacy of service provision. Clearly, if the subject of the needs assessment is considered important the community

residents' values and opinions must also be learned and integrated into the larger assessment process.

4. The North American-based research in this area, is dominated by U.S. focused studies. Little work has been carried out specific to the Canadian context. Recent Canadian research tends to be either national in scope or concentrates upon a single community. Thus, despite the body of empirical research and literature which has been developed over the last decade and a half, our understanding of the service needs and the process of community service provision in small communities, remains inadequate.

How adequately do existing community services respond to the needs of the target population? How satisfied are residents of small communities with current levels of local service provision? Which of their needs, if any, remain unfullfilled? In which community service sector would service provision improvement be most prudent? What are the priorities of residents in this respect? It is toward answers to these and related questions that this research is addressed. Such information could conceivably aid community planners and decision makers in developing and selecting appropriate strategy alternatives to improve community services and to enhance the quality of life in small communities.

Small communities in the province of Saskatchewan will be of principle focus in this empirical research.

C. Objectives of the Study

The overall objective of this study is to address small communities in the province of Saskatchewan as a discrete societal type, and develop an information base which could have functional utility in the planning of programs and activities aimed at enhancing quality of life in these centers.

Toward fullfilling this broad, general objective, one major and several specific objectives have been established. The major objective is to undertake a needs assessment, using the resident survey approach, focused at identifying the community service needs of the

residents of Saskatchewan small communities. The four specific objectives are:

a. to gain an understanding of the nature and present provision level of existing community services available at the local level to residents of small communities.

b. to gather data on the personal and familial characteristics of residents of small communities, which may have bearing on community service needs; and, to learn about their attitudes and behaviors relative to local community services and service provision.

c. to determine the need for community services among residents of small communities in the province of Saskatchewan. Two sub objectives are integral to this process:

   1) to learn residents' evaluations of specific community services in terms of satisfaction with existing levels of provision in their home community.

   2) to learn about residents' evaluations of specific community services in terms of essentiality for their local provision.

D. Empirical Methodology

The empirical data for this study was collected from a survey questionnaire mailed in the summer of 1982 to the residents of twelve small communities in the province of Saskatchewan. In addition, factual community level data was collected by the researcher through field visits to each of the communities during that same summer. The sample communities were located in the southern geographical half of the province, but were generally dispersed throughout that area. Populations of sample communities ranged from 511 to 1745. Net population growth rates in selected communities ranged from -16 per cent to +164 per cent during the 1971-1981 period. All of the communities had experienced some level of interal disequibrium, particularly in the community services sector, as a result of population changes. Composition of available services, both in quantitative and qualitative terms varied among communities; some being much better off in this respect than others. The province of Saskatchewan was chosen for this study on the grounds that limited sociological research has

been conducted in this area in the post 1960 period, and for reasons of personal interest on the part of the researcher who is a former resident of the province.

E. Limitations of the Study

This study is largely descriptive and exploratory in nature. Its purpose is not to empirically test a set of hypotheses or a specific theory from a specified field. The emphasis is on gaining a general understanding of the phenomenon of small community service needs. It is hoped that from the resultant data base, issues for further in-depth research into the subject area may be generated.

The task being undertaken is a single element or component of what the optimum needs assessment process should involve. So being, the data should be regarded as one perspective of the community service needs of the residents of small communities, rather than as a final statement of same.

Concepts from a number of social science fields including rural sociology, psychology, education and economics as well as from interdisciplinary areas such as community development and planning have been explored and integrated in gaining an understanding of the phenomenon being studied. Since no major utilization of a particular theory has been made, no particular source or field will be emphasized in the theoretical framework for this study.

The reliability and validity of a conclusion generated through the empirical study of an abstract concept may be justifably challenged. This is particularly true where quantitative measurement of a qualitative variable is attempted. This factor stands as the major limitation of this study.

Finally, this research has limitations in space. More specifically, generalizability of results beyond the sample population actually studied may have been compromised first by the small number of communities included in the subsample and second, as a result of the low rate of response in the resident sample. In the design of the sampling frameworks and subsequent sample selections, all practical measures were employed to maximize adequacy and

representativeness within the constraints of time and budgets, and the nature of the phenomena under study.

F. Assumptions

Several assumptions underlie this research. The first of these assumptions is that the residents of small communities in the province of Saskatchewan desire to have a "bundle" of services available to them on a "public goods" basis. No attempt was made to explore whether residents valued this as a desireable form of service provision, whether current levels should be increased/decreased/remain constant. Rather, the existing system is accepted as a given and the research structured accordingly.

The second assumption holds that community services are fundamental aspect of the everyday experience in small communities, and therefore, fundamental to quality of life (QOL). The more closely the bundle or 'mix' of services available to residents approximates their service needs, the 'better' (qualitatively) will be the QOL in those communities.

The third assumption is that residents'opinions and perspectives are valid indicators of need. As such they can be used to enable planners and related decision makers to more adequately work toward fullfilling needs in small communities.

G. Plan of the Thesis

Presentation of the materials of this study will conform to the following plan:

Chapter One introduces the research problem, discusses the objectives established for the study, discusses assumptions and limitations underlying the research and concludes with a plan for the presentation of thesis materials. Chapter Two contains a review of relevant literature, focusing on the central concepts through a discussion of needs, discusses and evaluates several alternative approaches to needs assessment and reviews several recent studies which have employed the needs assessment approach operationalized in this study. The Third chapter describes the methodology employed to generate the required empirical data. Chapter

Four provides an impressionistic review of the circumstances and prospects of small communities in the province of Saskatchewan. Based on data and observations it describes the sample communities and examines the composition of their community services sector. Chapter Five concerns the residents of small communities, and sets out to review personal and familial characteristics of respondents as well as their attitudes and behaviors related to various aspects of local community service provision. The Sixth chapter emphasizes the needs segment of the questionnaire data and presents an analysis and discussion of research findings. The final chapter, Chapter Seven, includes a summary of research results, integrates these results with the existing body of knowledge relating to the subject area, discusses implications of these results for small communities and the provision of community services in response to resident need, and, finally, suggests areas for further research.

II. REVIEW OF RELATED LITERATURE

A. Needs

The concept of need is fundamental to the "substance and strategy"[1] of community services planning and provision. As Washington suggested, community services develop because they respond to the needs of the community;[2] it is their *raison d'etre*. Despite its widespread application and usage, however, the notion of need is characterized by a lack of theoretical and conceptual agreement.

Much of the scientific interest in human needs has emanated from the fields of psychology and sociology and each has contributed a substantial body of theoretical and empirical research directed toward gaining an understanding of the concept. While there is some degree of overlap, the two fields do not share a common conceptual definition of 'need' and it is in the reconciliatory attempt of researchers and theorists to bridge this disparity that much of the 'problem' is nested.

In psychology, the term 'need' is used to denote an element, substance, factor, emotion, etc. which is required by an individual to maintain his state of health or wellbeing.[3] Where this innately defined "something" is absent or insufficient relative to immediate requirements, a state of internal tension[4] is generated within the individual which drives him instinctively toward need-reducing behavior. Maslow introduced the notion that human needs were hierarchically arranged. It was his view that human existence and human behavior centered around "the individual's efforts to meet certain needs, arranged in a hierarchical sequence, with successively higher-ordered needs indicative of the individual's increasing

---

[1] Beatty, Paulette T. "The Concept of Need: Proposal for a Working Definition." *Journal of Community Development Society*. Vol. 12, No. 2, 1981: p.p. 39-46. p.39.
[2] Washington, R.O. *Program Evaluation in the Human Services*. Lanham, Md.: University Press of America. 1980.
[3] Gould, Julius and William L. Kolb (eds.). *Dictionary of the Social Sciences*. Compiled under the auspices of UNESCO. New York: The Free Press, 1964. pp. 462-463.
[4] Wolins, Martin and Jerry Turen. "The Social Function of Social Welfare." *The Emergence of Social Welfare and Social Work*. New York: Peacock. 1976.

mastery over himself and his environment." [5] Needs satisfaction follows the hierarchical course, with higher-ordered needs being deferred until those of a lower order are adequately resolved. Needs, and their order of domination are theorized to be homologous among human beings.

In sociology, need is used to denote those requirements of which an individual becomes aware upon the acquisition of values and which, in turn, propel him to pursue a particular end or behave in a particular manner, given a specific set of circumstances.[6] Values influence not only the nature and magnitude (or, potency) of the need and the form for its fulfillment but also determine whether need satisfaction will be at all pursued. As such, although need exists, action toward eliminating a specific need may or may not be initiated, depending upon the individual who is in need and the values by which he or she is influenced. Kahn[7] proposed that with the exclusion of the major physiological needs (although Lee[8] argues against even this exception) most needs are conditioned by the societal environment and expectation influenced by culture, and the form and level of needs satisfaction is societally and culturally determined. Owing to the dynamic nature of society and the social system, needs are characterized by a degree of fluidity.They are assumed to be changing as the environmental forces which influence their definition and satisfaction change.

From the above descriptions, it may be seen that the two orientations share the idea that human beings have certain requirements, necessary to achieve and maintain a state of well-being. Should these requirements not be met, the individual will undertake actions toward accessing or achieving them. The conceptual accord dissolves, however, over the question of whether these requirements and their relative motivational potency are innately or environmentally determined.

---

[5] Maslow, A.H., "'Higher' and 'Lower' Needs," *The Journal of Psychology.* Vol. 25, 1948: pp. 433-436.
[6] Gould and Kobleds, op. cit.
[7] Kahn, Alfred J. *Social Policy and Social Services.* New York: Random House, 1973.
[8] Lee, D. "Are Basic Needs Ultimate?" as found in D. Lee (ed.) *Freedom and Culture.* New York: Prentice-Hall, 1959. pp. 70-77.

Many researchers and authors draw on both traditions and utilize a theoretical 'hybrid' as a foundation for their definitions and arguments related to need.[9] Their approach is to suggest that among human beings, two levels of need exist. At one level are those needs which are described as being 'basic', 'absolute', 'real' and 'objective'; those deemed absolutely vital to the survival and well being of the individual. On the other level, are those requirements which are considered 'relative', 'subjective' or which are actually 'wants' rather than needs. The needs of the first level are considered to be inherent and homologous to all human beings. The needs of the second level are influenced by values and other societal and cultural forces and therefore, are specific to different individuals and groups. Those involved in need-reducing professions, human resource or community development specialists, for example, stress the importance of discriminating between these two levels of needs[10] in the planning for and implementation of programs, services, facilities, etc. aimed at reducing need in the target population. Fullfillment of the needs of the first level should take precedence over those of the second level in these activities. While theoretically and morally appealing, this dichotomous structure falters in the operationalization process since the criterion for distinguishing between the two remains unclear as does the answer to the question "in whose opinion?".

In this research, the definition of need will proceed from the sociological orientation and will be based upon the work of Leagans.[11] He states that "people's needs may be defined as the differences between what is, what could be and what ought to be."[12] That is, wherever a discontinuity or gap may be said to exist between conditions, circumstances, etc. as they

---

[9] Examples may be found in Streeten, Paul et al., *First Things First.* New York: Oxford University Press, 1981; Morawetz, David. "Twenty-Five Years of Economic Development." *Finance and Development,* World Bank, Vol. 14, 1977. pp. 10-13; Seers, Dudley. "the Meaning of Development." *International Development Review.* Vol. 1, No. 1, 1980. pp. 25-26; Parmar, S.L. "What good is economic betterment..." *Ceres.* Vol. 3., No. 4, 1974; et al.

[10] McMahon, Ernest E. *Needs - of People and Their Communities - and the Adult Educator.* Washington, D.C.: Adult Education Association of the USA. 1970; James, Bernard W. "Can 'Needs' Define Educational Goals?" *Adult Education.* Vol. 7, No. 1, Autumn, 1956. pp. 171-194.

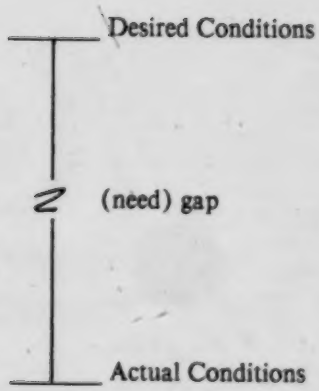
[11] Leagans, J. P. "A Concept of Needs", Ithaca, N.Y.: Cornell University, mimeograph adapted from *Journal of Cooperative Extension,* Vol. 2, No. 2, pp. 89-96.

[12] Leagans, op. cit., p. 2.

currently exist and as they are desired, that gap shall be indicative of need. This relationship may be graphically represented as in Figure 2.1 below:

FIGURE 2.1

GRAPHIC REPRESENTATION OF THE CONCEPT OF NEED



This theoretical gap may reflect a deficiency, obligation, requirement or an urgency. The width of the gap serves as an indicator of the magnitude and significance of the need. The greater the discrepancy between actual and desired conditions, the greater is the need when the individual is assumed to be important. Needs are rooted in a value system which is derived from societal, cultural and institutional influences as well as personal orientations and beliefs, all of which vary with the passage of time and change of circumstance. As such, the existence

of a need, its magnitude and its urgency for reduction/elimination will also vary over time and from one individual or group to another.

B. Needs Assessment

By definition, needs assessment is the formal process by which the existence and magnitude of a discontinuity ('gap') between actual and desired conditions may be determined.[13] This extends beyond the simple identification of need, however. As Siegel and his colleagues argue, an inherent element of the needs assessment process is the prioritization of the identified needs.[14] In addition to describing the requirements in a geographic or social area, the process also estimates their relative importance.

In the context of community services planning and provision, needs assessment is a valuable aid to decision makers in determining appropriate courses of action and resource allocations. In addition to generating indicators of the extent and kinds of needs which exist in a community, needs assessment is a means by which the social, environmental and biological etiology [15] of these needs may be explored and the human characteristics associated with individual in need of specific services identified. Such data are useful for the planning of preventitive services and for predicting need in communities with similar or dissimilar population characteristics. Needs assessment is also a method by which the effectiveness and relevance of existing community services and service activities may be systematically evaluated vis-a-vis community needs and provisional priorities. Finally, needs assessment can provide information required for the development and introduction of new services or service programs in light of changing (or previously unrecognized) community needs or changing human service patterns. To borrow from Gates, "needs assessment attempts to measure certain aspects of

---

[13] Kaufman, Roger and Fredrick W. English. *Needs Assessment*. Englewood Cliffs, N.J.: Educational Technology Publications, 1979.

[14] Seigel, Larry M., C. Clifford Attkisson and Linda C. Carson. "Need Identification and Program Planning in the Community Context," as found in C. Clifford Attkisson, William A. Hargreaves and Mardi J. Horowitz (eds.) *Evaluation of Human Service Programs*. New York: Academic Press, 1978. pp. 215-252.

[15] Seigel et al., op. cit.; Blum, H.L. *Planning for Health*. New York: Human Sciences Press, 1974.

community life in terms of discrepancies; such discrepancies then serve as success criteria."[16] By charting variation in the magnitude and nature of discrepancies through ongoing needs assessments, existing community services may be fine tuned and new services introduced where required to maximize the needs-reducing potential of the "bundle" of community services provided in a community relative to the needs of local residents.

Blum[17] conceptualized the needs assessment process as involving two distinct components of activity. The first component entails the application of a single or combination of measurement tools to a specific, defined geographic or social area for the purpose of identifying needs. The second component involves the application of judgement to evaluate the significance of this information and to determine priorities for subsequent service improvement/initiation activities. As such, the final interpretation of need is dependent upon the expectations and values of those performing the task.

The following section of this chapter focuses upon an examination of the various needs assessment methods used by planners, social scientists and other professionals and nonprofessionals involved in the community service planning, provision and evaluation processes, and of the relative advantages and limitations inherent in each method. A discussion of objective versus subjective perspectives, relative to the values of the target population (the subjects of the needs assessment)in interpreting needs information follows.

C. Approaches to Needs Assessment

Needs assessment research has taken many forms. Operationalization of any one or combination of methods is influenced by the nature of the data required and its format, the purpose for which it will be used, and the time and logistical constraints within which the process must conform. Each approach is also characterized by comparative advantages and limitations. These factors must also be taken into consideration in the decision making process.

---

[16] Gates, Bruce L. *Social Program Administration: the implementation of social policy.* Englewood Cliffs. N.J.: Prentice-Hall Inc., 1980. p. 173.
[17] Blum, op. cit.

Of the various approaches reviewed in the course of this research, six have been identified as being the most distinctive and as having the greatest utility. These are:

1. Social Indicator approach
2. Service Provider approach
3. Rates-Under-Treatment approach
4. Key Informants approach
5. Community Forum approach
6. Resident Survey approach

Each of these approaches will be described and discussed in greater detail below. This material will be based primarily upon an integration of the work of Bell, et al.,[18] Meenaghan, et al.,[19] Siegel, et al.[20] and Warheit, et al.[21] Reference to the work of other researchers and writers will be made as appropriate. A more in-depth consideration of the comparative advantages and disadvantages of each approach may be found in Horton et al.[22]

1. Social Indicators Approach: This approach is based on the assumption that certain observable and measurable factors exist which are highly correlated with persons in need. Further, through statistical analysis on these factors, it is possible to infer estimates of the need and social wellbeing of a defined population.[23] In short, these selected descriptors, called 'social indicators', are recognized as empirical predictors of need.[24] Social indicator

---

[18] Bell, Roger A., et al. "Social Utilization, Social Indicator, and Citizen Survey Approaches to Human Service Need Assessment," as found in C.C. Attkisson, W.A. Hargreaves and M.J. Horowitz (eds.). *Evaluation of Human Service Programs.* New York: the Academic Press, 1978. pp. 253-300.

[19] Meenaghan, Thomas M., Robert O. Washington and Robert M. Ryan. *Macro-Practice in the Human Services.* New York: the Free Press, 1982.

[20] Siegel, et al. op. cit.

[21] Warheit, George J., Roger A. Bell and John J. Schwab. *Needs Assessment Approaches: Concepts and Methods.* Washington, D.C.: U.S. Dept. of Health, Education and Welfare, Public Health Service, 1973.

[22] Horton, Gerald et al., and the Research Group, Inc. *Techniques for Needs Assessment & Social Service Planning,* report financed by HEW, Contract No. SRS 500-76-007. 1977.

[23] Meenaghan, Thomas M., Robert O. Washington and Robert M. Ryan. *Macro-Practice in the Human Services.* New York: The Free Press, 1982; Bloom, B.L. *Changing Patterns of Psychiatric Care.* New York: Human Services Press, 1975; Warheit, et al. op. cit.

[24] Bell, et al. op. cit.

data commonly includes such factors as socio-economic and demographic characteristics including age, sex, marital status, household size and composition, income, employment and occupation among others; family patterns, educational patterns, housing, incidence of crime, morbidity and mortality rates, incidence of substance abuse, and so on. Selection of specific indicators or combinations of indicators for analysis is dependent upon the variable being studied, the purpose for which the data will be used and the complexity of the research design. Analyses based on such information and interpreted by knowledgeable experts, it is theorized, can provide fairly accurate insight into the current needs of a community, and allow projection of future need based on expected population changes. For example, Ganey et al.[25] in their research related to estimating the quality-of-life among residents of Calhoun County, Iowa, considered 8 policy-related areas that affect well-being -- health, education, public safety, housing, income, employment, environment and leisure/recreation.

Census data are the most common source of social indicator data although all public records and reports are potential sources. Holleb,[26] for example, produced a compilation of statistics in ten functional areas ranging from population/vital statistics and housing to public safety, environmental quality and leisure time activities. The sources of her information were twenty-five official surveys previously administered by federal, state and municipal agencies across the United States. With the onset of computerized information systems social indicator approaches are now one of the most common strategies in research of this type.

Advantages and Limitations: Gates is of the opinion that the greatest utility of the social indicator approach lies in enabling the definition of successively more refined subgroups of 'populations-at-risk' within a population in which certain needs are likely to

---

[25] Ganey, Rodney. *A Social Report for Calhoun County: Social Indicators for Rural Development.* Sociology Report 134A. Ames: Iowa State University, 1977.
[26] Holleb, Doris B. *Social and Economic Information for Urban Planning.* The Centre for Urban Studies, University of Chicago. Chicago: University of Chicago Press, 1969.

be concentrated.[27] From a different perspective, Siegel et al. and Sheldon and Parke believe this method of assessment to be invaluable as an initial descriptive approach to understanding a defined geographic or social area.[28] Perhaps one of the greatest advantages of this approach lies in the fact that numerous large data pools are presently in existence, thereby enabling analysis to proceed without the need to collect original data. Savings in time and cost may be quite significant, particularly in assessments of larger scope. In addition, the great flexibility possible in the design of the analytic model is a key positive characteristic of this approach. The model may be quite simple, involving only one or two indicators or may range to include very complex designs consisting of multiple numbers of indicators and requiring the application of computer assisted statistical procedures.

Several limitations are also inherent in the social indicator method of needs assessment. Perhaps most serious is the question of the validity and reliability of results of the process, since the data upon which the assessment is based are only indirect measures of the needs they represent.[29] Also, as Schulberg and Wechsler suggest, the viability of the approach is dependent upon the logic and statistical appropriateness of the procedures employed to determine the social indicators.[30] If a superior level of both factors cannot be guaranteed, then the appropriateness and utility of this method is seriously compromised.

Warheit et al. [31] brings two additional concerns to bear. The first of these concerns what he describes as the fallacy of ecological correlations. At issue is the tendency among those using social indicator data, to relate characteristics of individuals within specific spatial areas (since these characteristics are measured in terms of statistical means, rates and the like) to the average characteristics in the general area. But correlations between statistical mean scores for the overall spatial area or between

---

[27] Gates, op. cit.
[28] Siegel et al., op. cit.; Sheldon, E.B. and Parke, B. "Social Indicators." *Science.* No. 188, 1975. pp. 693-699.
[29] Meenaghan, op. cit.
[30] Schulberg, H.C. and Wechsler H. "The Uses and Misuses of Data in Assessing Mental Health Needs." *Community Mental Health Journal.* No. 3. 1967. pp. 389-395.
[31] Warhiet et al., op. cit. pp. 34-36.

sub-areas do not necessarily reflect the individuals within the area. Such was the case examined by Robinson in which he compared illiteracy rates among the black population in several U.S. states. Based on his discovery that there often was little correlation between the literacy level of individuals and the literacy level within specific areas as determined for the overall sample and that distinct between-group differences were often smoothed over in the compilation of overall sample means and related statistics, he concluded that ecological correlations were invalid substitutes for individual correlations.[32]

The second concern addresses the problem of ecological determinism. This difficulty arises when spatial units such as census tracts or enumeration districts or even communities have attributed to them the social forms which are determined to exist within them. As Warheit points out, although the spatial characteristics of an area do influence social conditions and relationships, the influence is not finalistic; that is, they do not determine what these conditions or relationship must in fact be.

2. Service Provider Approach: This assessment method focuses upon the 'front-line' service provider as a data source. Individuals participating in day-to-day interaction with persons in need may provide information on the attributes and characteristics of these individuals, and may also identify needs for services which are not generally recognizable or which may be socially difficult to acknowledge. Service providers can also be an alternative source of information on characteristics, problems or needs attributable to the service user, but which that group might be viewed as being of a too personal or too sensitive to provide itself. As an additional bonus, because they are the mechanism by which required services reach individuals in need, service providers may suggest means by which existing services may be fine tuned so as to maximize service affectiveness and appropriateness relative to existing needs.

Advantages and Limitations: This approach is characterized by a number of advantageous aspects, several of these having already been outlined above. Methodologies

---

[32] Robinson, W.S. "Ecological Correlation and the Behavior of Individuals." *American Sociological Review*. No. 15, Vol. 2, 1950. pp. 351-357.

may take several forms (surveys, interviews, panel discussions, among others) and, as Meenaghan points out, this method "is usually not particularly expensive or time consuming and the results are significantly valid."[33]

Conversely, it must be recognized that service providers may have little knowledge of the public which is not a service consumer and, as such, may not be aware of needs which exist among those individuals which are unmet by existing services. Further, social class or cultural biases might be reflected in the need-related observations of the service provider, given the composition of the service-user group with whom the service-provider interacts, rather than reflecting the problems of the overall target population. Finally, in cases in which the service-provider is requested to provide subjective interpretations and assessments, it must be recognized that personal and professional biases may affect the validity of response. As such, it is possible that the needs identified may be related to the actual organization or field within which the service-provider is employed rather than reflecting need as perceived by either the service user or the larger target population.

3. Rates-Under-Treatment (RUT) Approach: Another service-oriented approach to needs assessment, the RUT method utilizes data contained in records compiled by service providers as its analytical base.[34] Generally, as part of their administrative and management procedures, service-delivery organizations and agencies maintain records on their clients (service users). These records may include data regarding the socio-demographic characteristics of individuals utilizing available services, the prevailing need or needs, frequency and duration of service use, referral sources (if any) and, in some cases, the results or outcome of service consumption. A fundamental assumption underlying the RUT approach is that from analysis of the above listed data, as compiled from a sample of persons who have used a particular service, it is possible to estimate need in the larger community for that same service.

---

[33] Meenaghan, op. cit., pp. 176-177.

[34] It should be noted that this approach is not limited to services which provide physical or mental health care, as the word 'treatment' may suggest. Rather, it is applicable to all services for which user-records are maintained.

An example of this approach may be found in a monograph published by Geisman and Aynes[35] regarding the Family Centered Project of St. Paul, Minnesota. The project was initiated by the Greater St. Paul Community Chest and Councils, Inc. to assist "hard-to-reach, seriously deprived families"[36] beset by such problems as deviant behavior, ill-health and economic difficulties and conditions in which the emotional and physical well-being of children had been seriously threatened. Utilizing case records compiled by Project workers on one hundred families which had received assistance under its auspices as a data source, information pertaining to various social characteristics was assembled and statistically analyzed. The stated purpose for this exercise was twofold: first, it was hoped to improve understanding of the subject families and their needs. This would enable the Project to plan more effectively their responses to those needs. Second, it was intended "to provide some definitional answers to the question: what are "families in trouble"[37] like. This would allow need to be anticipated and would contribute to the more effective and appropriate service planning in other communities or areas where families in trouble are found.

Advantages and Limitations: Perhaps the greatest advantage in utilizing the RUT approach rests in the ready availability of data. Generally, services and service programs which are funded by the public-sector are required to maintain accurate records of their clientele. As such, access to such records eliminates the need to undertake primary level data collection and, as a result, the costs of accessing these data are relatively low. However, the manner in which this data is compiled, while satisfying accounting and management control requirements, may not be appropriate for needs assessment applications.

---

[35] Geismen, L.L. and Beverly Aynes. *Families in Trouble.* The Family Centered Project, Greater St. Paul Community Chest and Councils, Inc. St. Paul, Minnesota, 1958.

[36] Geismen and Aynes, op. cit., p. 2.

[37] Giesmen and Aynes, op. cit., p.2.

A major problem associated with the RUT approach is that of confidentiality and anonymity. It may be difficult to have the desired records released by some service-provider organizations and agencies unless these elements can be guaranteed. An additional concern, of perhaps a more theoretical nature, surfaces in the abstract nature of the exercise of estimating the needs of an entire population from a sample of individuals professionally encountered by community service providers. As Gates [38] in his article has shown, substantial differences may exist between the characteristics of service users and the characteristics of the population in need. As Feldstien [39] and Schaefer[40] determined, user biases relative to social class or culture may skew the assessment result. In addition, residents of a particular community may choose to access services outside the local community, particularly when those services are of a psychologically or socially sensitive nature. In this way too, a needs assessment conducted on the basis of known service-user characteristics will produce data of questionable validity.

4. Key Information Approach: In operationalizing this needs assessment method, key persons selected by virtue of their professional, elected, or other leadership positions in the community are requested to speak on behalf of their fellow residents on matters of need and community service provision. While key informant groups often include service delivery personnel, service board members, community planners and elected local officials, valuable information and insight may also be gained from long-time residents who have observed the community and its developmental processes over the course of many years and from members of specific ethnic, class or interest groups.

Once key informants have been identified, their perspectives and opinions are obtained through personal or telephone interviews, survey questionnaires or other data collection methods as deemed appropriate. Questions may focus upon, among other areas,

---

[38] Gates, op. cit.

[39] Feldstien, P.J. "Research on the Demand for Health Services" as found in J.B. McKinlay (ed.) *Economic Aspects of Health Care.* New York: Prodist, Milbank Memorial Fund, 1973.

[40] Schaefer, M.E. "Demand Versus Need for Medical Services in a General Cost-Benefit Setting." *American Journal of Public Health.* 65, 1975. pp. 293-295.

existing community services and aspects of their provision, proposed service changes, specific demographic characteristics of the community, general community needs or needs of specific social or cultural groups, among others. When the information and impressions are compiled and integrated, fairly concrete indications and statements of community need may emerge. Basson[41] for example, employed the key informant approach in her assessment of need in five upstate New York counties. She uses as her data source some 530 'community leaders', drawn from the following leadership categories: political, planning, education, rural, and business and civic. Using the personal interview as a means for data collection, leaders were asked to identify community service needs and problems they perceived to exist in their communities, to identify local development issues, and to indicate their attitudes toward alternative forms of service planning and delivery. Simarly, Nix et al. [42] in their study of the comparative needs of communities of varying sizes, used samples of positional-reputational leaders as information sources regarding local service needs in their communities.

Advantages and Limitations: The key informants approach to needs assessment is attractive because it permits input into the process from multiple perspectives. Clearly, the broader the range from which key informants are selected, the more accurate the assessment will be in its analysis of community need. Also, dependent upon the size of the informant group[43] and the method of data collection employed, this approach may be relatively simple and cost-efficient. Further, as Meenaghan et al., in pursuing a political perspective, suggests a list of problematic areas likely to become prominent public issues may be compiled from the input of the local elected and community leaders as well as some indication as to the areas in which these individuals are likely to oppose or support

---

[41], Basson, Priscilla. "Planning and Perception of Needs in Five Upstate New York Counties." *Journal of Community Development Society.* Vol. 1, No. 1, 1970. pp. 53-66.

[42] Nix, Harold L., George S. Brooks and Bradley S. Courtenay. "Comparative Needs of Large and Small Communities." *Journal of Community Development Society.* Vol. 17, No. 2, 1976. pp. 97-105.

[43] Siegel et al. suggest that the optimum group size would range from ten to fifteen persons, (p. 247-248).

proposed service introduction or change.[44] Such information is most valuable to service planners and agencies involved in related policy/program design and service delivery.

Because the identification of community leaders is often arbitrary, it is possible that the assessment outcome may be biased as a result of having used data from individuals who have inappropriately been included as key informants, or ignoring the views of individuals who have been inappropriately excluded. This factor constitutes one of the main disadvantages inherent to the key informant approach. In addition, the emergent data base is characterized by a built-in bias since it is founded upon the opinions and observations of those who tend to view the community from their own individual or organizational perspective. As such, even as an aggregate information base, this may not be a comprehensive or accurate evaluation of the nature or types of need which exist in a community as a complete unit.[45] It is possible that key informants may not be drawn from, or have accurate knowledge of, the needs and values of specific 'low visibility' segments of the community. As a result, the needs of these groups may be excluded from consideration in the planning process and continue to be unmet. Finally, as research has shown, wide variability between the attitudes of community leaders and non-leaders toward such topics as rating of service satisfaction, orientation to change and perceived community needs can exist.[46] As a result, the questions of data representativeness and validity once more arise.

5. Community Forum Approach: This approach to needs assessment is similar to the Key Informant method in that it is based upon the opinions and views of community residents as described and discerned by them. In this case, the circle of informants is enlarged to include any member from the general public who wishes to participate. The underlying

---

[44] Meenaghan et al., op. cit.
[45] Warheit et al., op. cit.
[46] Molnar, Joseph J. and John P. Smith. "Satisfaction with Rural Services: The Policy Preferences of Leaders and Community Residents." *Rural Sociology*. Vol. 47, No. 3, 1982. pp. 496-511; Molnar, Joseph J. and Sally R. Purohit. "Citizen Participation in Rural Community Development: Community Group Perspectives. *Journal of Voluntary Action Research*. Vol. 6, January 1977. pp. 301-316; Nix, Harold R. and Norma R. Seerley. "Comparative Views and Actions of Leaders and Non Leaders." *Rural Sociology*. Vol. 38, No. 4, 1973. pp. 427-438.

methodological assumption is that each individual's perception represents some potentially important aspect of the existing reality. Each individual is considered an important information source and is encouraged to express his or her view. Therefore, the major function and objective of the community forum approach is to elicit views from as many persons as possible.

The process generally involves a single or series of "town hall" meetings or workshops to which all community residents are invited and asked to express their beliefs and opinions regarding the needs and services of the community. The focus of the forum may be general, addressing all needs and/or services or it may be more specifically focused. Members of the assessment initiating body note and assess the information and discussion presented by forum participants and, through the process of integrating the various viewpoints, a 'picture' of the community service needs of that community emerges. The greater the degree to which forum participants are cross-sectionally representative of the community-at-large, the more valid and reliable the resultant needs assessment information will be.

Action '70[47] provides an operationalized example of the community forum approach to needs assessment. Held in Ottawa, Ontario in January of 1970 and organized by the Social Planning Council of Ottawa and District, the objective of Action '70 was to bring together individual community members and groups from within the City of Ottawa and provide them the opportunity and forum "to establish and articulate their own priorities and goals" thereby facilitating effective community planning and development, particularly in the area of community services. The one day forum involved some 800 registered participants (a maximum established by forum organizers based on availability of space, availability of resource personnel, etc.), and workshop sessions in such areas as recreational facilities, day care services, the needs of senior citizens, housing, youth problems, among several others, as well as a general session involving all participants.

---

[47] Social Planning Council of Ottawa and District, *Action '70 Report*. Ottawa: Social Planning Council of Canada and District, 1970.

Conference and workshop reports were subsequently prepared and provided to all participating and interest service planning and delivery organization and agencies.

Advantages and Limitations: The community forum method is recognized as an effective, broad-based approach to needs assessment. It enables the convergence and consideration of a diversity and variety of perspectives and opinions, both factual and impressionistic about needs and community services in a particular community. The origin of that information is the residents to whom the need will be attributed, not some unaffected and potentially non informed "outsider". Since the forum is open to all persons, those individuals who belong to less visible and/or underserved or unserved groups may make themselves heard. Siegel et al. believe this approach to have particular utility as a 'second stage' assessment method, allowing persons and groups identified through other assessment processes as having unmet needs, to validate or invalidate those assessments.[41] Finally, the community forum may serve to sensitize participants to the service needs of other community residents and, through that process, catalyze need reducing action within the community.

Among the limitations to this approach, perhaps most serious and that affecting most of the approaches discussed in this chapter, is the question of validity and reliability. Because it is impossible to ensure that every individual or group in need will be represented in the forum, or particularly if attendance is large that the needs of these individuals or groups will be voiced, there is a risk that the forum results may provide an incomplete and biased assessment of need. An additional difficulty may arise should the assessment process raise the expectations of those in the community who are in need, in ways that cannot be met. It is essential that those attending community forums be aware of what realistic outcomes may be expected. To neglect this essential aspect is to risk further degenerating what may be a contentious or potentially volatile public issue in the community.

---

[41] Siegel et al., op. cit.

6. Resident Survey Approach: The resident survey is a systematic technique for gathering information on needs and community services directly from a sample or entire population of persons residing in a community. Further, when households form the unit of analysis for the needs assessment, it is possible to collect needs and service information on other family members as well through the individual informant. The most common methods employed for this task are the in-person interview, the telephone survey, and the mailed questionnaire survey.

While the type of information which may be obtained through the resident survey is almost limitless, this approach is a complex one, requiring careful planning, instrument design, administration and analysis in order to produce useful, valid and reliable results. If the sample or population surveyed is large in number, the use of a computer for statistical calculations may be necessary to enable meaningful data analysis to be performed.

Examples of the use of resident surveys as a method of needs assessment are plentiful. Chapman,[49] for example, was concerned with the utilization of social services and the unmet needs of the elderly in an area south of Westminster, in London, England. His approach to assessing the needs of this area involved identification of the entire population of persons who were of pensionable age. An attempt was made to conduct an in-person interview with each member of the survey population. Questions asked included those related to respondents' needs, their awareness of and use of existing services, problems related to access services, both physical and administrative in nature, among others. Services considered involved those related to health, help in the home, financial benefits, income-related concessions, employment, social activities and housing. On the basis of this assessment, Chapman prepared recommendations as to how the needs of senior citizens may be more adequately planned for and addressed.

---

[49] Chapman, Paul. *Unmet Needs and the Delivery of Care.* Occasional Papers on Social Administration, No. 61. London: the Social Administration Research Trust, 1979.

Laframboise,[50] in her approach to understanding the impact of social programs and services upon the needs of the Canadian population, used a methodology which involved the completion of in-person interviews with a national sample representative of the Canadian population. Services considered included health, housing, education, personal-social services and income assistance. Based upon assessment results, she identified specific weaknesses in the delivery of services which resulted in many needy Canadians being prevented from deriving tangible benefits from existing programs.[51]

In a similar approach, Kilburn[52] administered mail questionnaires to a sample of randomly selected households in Belmond, Iowa. His objective was to learn of resident need regarding local consumer, professional and retail services to assist the local planning council in proceeding with developmental planning of the community's business and service sector. Sargent[53] also discusses the use of mail questionnaires in a community needs assessment undertaken in several New England communities as part of a U.S. Department of Housing and Urban Development (HUD) pilot project. The objective here was to sensitize community leaders as to the needs and priorities of local residents pertinent to planning for community services improvement and overall community development.

Advantages and Limitations: Relative to other assessment approaches, when carefully designed and operationalized, resident surveys provide the most scientifically valid and reliable data obtainable regarding the needs and service utilization behavior of community residents. As well, survey information may be used to validate information generated through other assessment methods. In this way, residents can corroborate findings and perhaps add additional subjective information which, while important information, is not collectible using most other approaches. Resident surveys may also

---

[50] Laframboise, Josette. *A Question of Needs*. Ottawa: The Canada Council on Social Development, 1975.
[51] Ibid., pp. 137-140.
[52] Kilburn, Arthur G. "Community Survey Produces Action." *Journal of Community Development Society*. Vol. 1, No. 2, Fall 1970. pp. 125-128.
[53] Sargent, Frederic O. "Experiments in Rural Town Planning." *Journal of Community Development Society*. Vol. 4, No. 1, Spring 1973. pp. 29-36.

identify access and awareness difficulties which may prevent individuals in need from using existing services intended to address such needs. An additional advantage of this approach is methodological in nature. Survey instruments and data collection procedures may be designed in a wide variety of ways to elicit required information. Methods for data analysis also vary from the very simple, descriptive type to the very complex requiring the application of advanced statistical tests and the use of computer manipulated analytical techniques. Such flexibility far exceeds the possibilities of all other assessment approaches.

Survey research in general is characterized by a number of inherent limitations and these, in turn, may affect its utility as a vehicle for assessing needs.[54] Among these limitations, questions of data validity and reliability, both universally problematic in needs assessment, arise. Respondent self-reports may be incomplete or inaccurate because of problems of memory, poor communication skills or as a result of the information sought being viewed as being too personal or too sensitive in nature to divulge truthfully. As a result, assessment of data may be misleading. Similarly, mail questionnaires are notorious for their low rate of return. Self-selection in response may also inject bias into the resultant data. Particularly where the information sought is subjective, it is unlikely to be verifiable using other methods. In addition, surveys are often more difficult to define, conceptualize and operationalize than other needs assessment approaches. Costs, both financial and in terms of time, can be significant, particularly as the survey increases in size and complexity.

Subjective Assessments of Community Service Needs: A Question of Utility

The utility of subjective assessments of need, that is, assessment based upon the perceptions and opinions of the owner of needs in the overall context of community services planning and delivery has been the focus of debate.

---

[54] A detailed discussion of the limitations of survey analysis may be found in Babbie, Earl. *The Practice of Social Research.* Belmont, California: Wadsworth Publishing Company, Inc. 1975. pp. 260-279.

Those less supportive of subjective assessments argue that the lay population may not always be the best judge of what their needs are nor are they always capable of making rational choices in their best interest.[55] This incapability is due not to a lack of cognitive ability, but rather because of a lack of awareness, misinformation, cultural and values biases among other factors. As such, it is believed that the assessment of need and determination of appropriate responsive action should be left to the skilled professional who, based on his education and expertise, is better capable to objectively evaluate the existing situation using any number of techniques and identify the needs of a given community. Copp[56] provides an illustration related to health care needs, in his argument supportive of this approach. He states that the public may desire certain services, measures, treatments which they believe will improve their health but which are not objectively beneficial or which may even be harmful. The use of certain patent medicines or ingestion of mega-doses of vitamins are common examples. Individuals may "demand hospitalization when they really require preventative medicine, environmental protection or improved nutrition."[57] Once more, the needs assessment is best left to trained professionals and service planning/delivery professionals. To borrow from Streeten, those sympathetic to this perspective view it as discriminating or educational; those opposed label it paternalistic.[58]

Based upon a similar philosophy, it has been argued that because the validity and reliability of information obtained through subjective assessments of needs cannot be guaranteed, the utility of this approach is quite limited.[59] Planning decisions to provide services based upon such data risk being inappropriate, inadequate and wasteful of scarce resources available for this purpose.

---

[55] Streeten, op. cit.
[56] Copp, op. cit.
[57] Ibid., p. 32.
[58] Streeten et al., p. 26.
[59] Schulberg, H.C. and H. Wechsler. "The Uses and Misuses of Data in Assessing Mental Health Needs." *Community Mental Health Journal.* No. 3, 1967. pp. 389-395; Stipak, Brian. "Citizen Satisfaction with Urban Services: Potential Misuse as a Performance Indicator." *Public Administration Review.* Vol. 39 (January-February), 1979. pp. 46-52; and others.

Proponents of the utility of subjective assessments of need emphasize that values are the precursors to people's needs and differ within and among various groups. Values are also relative to the perceiver. As a result, assessments of need which ignore the values of the subjects of those assessments risk being misleading. Needs are also influenced by historical circumstances and the past experiences of the individual and the community. Owing to these and other factors, as Heywood points out it is impossible for even the most knowledgeable and sympathetic outsider to accurately perceive the problems and priorities of a community. As well, Ostrom[60] and Rosentraub and Thompson[61] determined that subjective needs assessments could produce reliable and accurate information if careful attention was addressed to the design of survey instruments to the overall research design and operationalization.

The subjective needs assessment is viewed most appropriately as one step in a multi-level, multi-technique assessment strategy. As an information gathering tool, the technique has long been used to assist decision makers in determining the values, problems and needs of the local population of a community, and to determine where changes or improvements are required so that community services may better serve the public.[62] Particularly when integrated with objective assessment approaches, results enable reasonably valid inferences regarding community needs and priorities to be made.[63]

---

[60] Ostrom, Elinor. "Why Do We Need Multiple Indicators of Public Service Outputs?" as found in Jerome M. Stond (ed.) *National Conference on Nonmetropolitan Community Services Research, Committee Print.* Washington, D.C.: United States Government Printing Office, 1977. pp. 277-286.

[61] Rosentraub, Mark and Lyle Thompson, "The Use of Survey of Satisfaction for Evaluation." *Policy Studies Journal.* No. 9 (Summer), 1981. pp. 990-999.

[62] Hatry, Harry, et al. *How Effective Are Your Community Services? Procedure for Monitoring the Effectiveness of Municipal Service.* Washington, D.C.: The Urban Institute, 1973; Shin, Doh C. "The Quality of Municipal Service: Concept, Measure, Results." *Social Indicators Research.* Vol. 4, May 1977. pp. 218-220, 225; Danke, Gregory A. and Patricia Klobus-Edwards. "Survey Research for Public Administrators." *Public Administration Review.* No. 39 (September/October), 1979. pp. 421-426; and others.

[63] Milbrath, Lester. "Policy Relevant & Quality of Life Research." *The Annals of the American Academy of Political and Social Science.* No. 444, July 1979. pp. 32-45.

D. Resident Assessments of Community Service Needs: A Review of Literature

The objective of this section is to review a crosssection of recent North American literature pertaining to the community services needs of the residents of small communities, as those needs were articulated by residents themselves, (i.e., based upon self-assessment). Particular attention will be directed to identifying trends viz services for which need (as defined in absolute and/or qualitative terms) exists or which are perceived to be provided at levels which adequately fulfill need. Personal, socio-economic and demographic characteristics of respondents, as these characteristics relate to expression of need, will also be considered.

The body of published research pertinent to service performance and needs of the target population is significant both in quantity and scope and has been enriched by contributions from a number of disciplines. If the component which is specifically small community/resident survey oriented may be considered in isolation, four generalizations are possible:

1. U.S. based research overwhelmingly dominates the literature
2. most studies were conducted in the mid to late 1970's
3. most focus upon a single or small number of communities within a spatially limited area, i.e. encompassing several proximate counties. Few studies are statewide or larger in geographic scope.
4. most have sought to compile satisfaction profiles through resident ratings of given lists of community services. Satisfaction, or rather, its absence may be interpreted as indicative of need within the survey population.

The explanatory factor underlying points 1 thru 3 above is vested in Title V of the *U.S. Rural Development Act of 1972.*[44] This comprehensive legislation had as its main theme the revitalization and enhancement of life in rural areas. A central element of the Act was the generation of rural development focused research and the design/implementation of extension and development programs which would contribute to and enable "the planning, financing and development of facilities and services in rural areas that contribute to making these areas

---

[44] United States Congress. *The Rural Development Act of 72; Analysis and Explanation, public law 92-419.* Washington, D.C., 1972.

desirable places in which to live and make private and business investments;..."[65] In short, the objective was to gain an understanding of the existing conditions and circumstances of rural America and rural Americans and to develop and implement means to improve the quality of life in that segment of U.S. Society.

As discussed by Purohit,[66] under the auspices of the rural Development Act of 1972, each state, through its landgrant institutions was able to develop research and extension programs to assist community and extra-local decision makers engaged in rural development. As funding was necessarily limited, these programs could be either focused statewide or concentrated and intensified in a specific spatial area. As was suggested above, the latter was the most commonly chosen course.

While no caveat was placed upon the desired or preferred nature of the research, a significant proportion took the form of the community based resident survey. This perhaps was due to coincidental timing. The decade of the 1970's saw the bloom of the community development movement and of a developmental philosophy which underscored the value and importance of citizen participation in affecting the development process. Given this milieu, the prevalent choice of research method becomes more understandable.

Hamilton and his colleagues considered availability and resident satisfaction with community services as part of their investigation of the quality of life in small towns in the state of Idaho.[67] They distributed a survey questionnaire to a random sample of residents in six communities considered to be representative of Idaho's small towns. Included in the questionnaire was a list of statements designed to list respondent attitudes toward various elements and dimensions of their home community and community life. Employing a nine-point Likert response set as an evaluative tool, respondents were asked to indicate the degree of congruity between the given statement and their own feelings and perceptions.

---

[65] Ibid., p. 19.

[66] Purohit, et al. *Community Services and Economic Development in East Central Alabama: Data Book,* Auburn University Agricultural Experiment Station. 1977. p. 1

[67] Hamilton, J.R., D.V. Peterson and R. Reid. *Small Towns in a Rural Area: A Study of Small Towns in Idaho.* University of Idaho Agricultural Experimental Station, Research Bulletin No. 91. 1976.

Several community services were assessed in terms of their adequacy, in this manner. Before discussing the results of their survey, it must be noted that Hamilton et al. used several double-barreled questions to examine respondent attitudes toward specific community services; that is, respondents were asked to assess two services with a single response. As a result, the validity of the data is open to question. This, given the results of their investigation, revealed the following:

1. medical care services -- Total sample respondents were divided in their opinion as to whether existing local medical care services were adequate. Not surprisingly, assessments varied in relation to whether medical services were, in fact, available in the respondents' home community. Although it is a common theme in community service literature that rural areas and small communities are lacking adequate health care services,[61] results showed that in those centers where neither a hospital nor a medical practice (clinic, doctor's office, etc.) existed, not all residents perceived this as unfavorable. Agreement with a statement supporting existing medical care services as adequate, ranged from 43 percent to 58 percent among those communities in which no formal services of this nature were found. Similarly, in those centers where practitioners as well as a hospital existed, agreement with a statement of adequacy ranged from 70 percent to 85 percent. As such, these data suggest three things: first, that residents of small towns are discriminating in their perceptions of their own needs; second, that internal homogeneity (i.e. within a particular community) relative to need and perception of adequacy is not assumable; finally, that it is not essential for services to be locally provisioned. Residents appear to accept the requirement to travel outside the community to access these services and this is, to them, a satisfactory situation.
2. police and fire protection -- Most respondents (81 percent overall) agreed that the police and fire protection services available to them were adequate. Critical assessments tended

---

[61] Carruthers, Garry E., Eugene C. Erickson and Kathryn N. Renner. *Delivery of Rural Community Services: Some Implications and Problems.* New Mexico State University Agricultural Experiment Station, Bulletin No. 635. 1975. pp 13-15.

to be community specific; in three of the sample communities, respondents were almost equally divided in their evaluations in this context. Owing to the doublebarreled nature of the questionnaire item, it is impossible to determine whether inadequacies were perceived with both or only one service (and if so, which one) in these centers, nor is it possible to learn whether negative attitudes were due to objective service inadequacies or to negative interaction/experience with service providers.[69]

3. public education -- Opinions as to the adequacy of local schools were divided. Only 45 percent of all respondents agreed that schools were performing well in preparing children for their future. An aggregate of 30 percent of respondents disagreed with the statement. Assessments varied widely among the sample communities, with favorable responses ranging from a low of 29 percent to a high of 63 percent.
4. recreation and entertainment -- Many respondents were of the view that recreation and entertainment opportunities in their communities (facilities, organized programs and events, etc.) were not adequate relative to local need. Again, it is not possible to determine whether it is one or both service types that are regarded as inadequate.
5. cultural arts -- Respondents were questionned as to whether their communities would benefit if art exhibits, live theatre and concerts were introduced into the local milieu. The impetus for this question, as provided by Hamilton et al. was an assumption that small communities are deficient in the area of cultural arts relative to their larger urban counterparts. The aggregate response was fairly evenly distributed: 39 percent of respondents favored increased cultural offerings in their community believing that the community would benefit from this introduction; 31 percent disagreed and a full 30 percent were unsure. Hamilton et al.'s conclusion was that "on the balance (cultural arts) are not missed too severely"[70] in small communities.

---

[69] Stipak, Brian. "Citizen Satisfaction With Urban Services: Potential Misuse as a Performance Indicator." *Public Administration Review*. 39 (January/February). 1979. pp. 46-52.

[70] Hamilton, et. al., p. 71.

Eicher et al. conducted a similar investigation, focusing upon the northeastern region of the state of Michigan.[71] Their objective was to learn the attitudes and opinions relating to family and community quality-of-life among long-term residents in small communities situated within that region, and to consider these factors longitudinally.

Three communities ranging in population from 300-600 persons, were selected for an indepth study. To satisfy the requirement that respondents be "long-term" residents, sample selection was based upon participation in a regional research project of the north central states in 1956. One-third of the original 1956 study sample who still resided in their home communities of that time, were resurveyed by Eicher. Data were organized around the concepts of change which respondents perceived to have occurred in their lives and their communities, community satisfactions, community ties and the social costs of moving.

In reply to a question asking what respondents disliked most about their community, the loss of community facilities was mentioned most frequently. Also listed were inadequate health care facilities and the lack of adequate shopping. Responses were consistent among the three communities. Specific to the issue of needed community improvements, respondents were once more congruous in their assessments; water and sewer services and "other community facilities"[72] (the composition of this latter grouping was not disaggregated further) emerged as the major areas of concern. In addition, although the data is not presented, Eicher et al. offer the following interpretation of survey results: "people expressed specific concerns about improvements needed in recreational facilities (and) ... had specific concerns about health facilities ... a youth centre to provide activities for young children and teenagers (and) ... more summer recreational facilities."[73]

Further to the issue of local medical care services, it was learned that reasons related to personal or family health were the strongest motivating factors in influencing respondents'

---

[71] Eicher, Joanne E., et al. *Satisfaction With Community: A Longitudinal Study in the Upper Peninsula.* Michigan State University Agricultural Experiment Station, Research Report No. 348. 1978.

[72] Ibid., p. 14.

[73] Ibid., p. 15.

decision to move from the community. If this is in fact the case, it would suggest that improved health care services (none of the sample communities had a medical clinic or doctor's office located in them, although hospital, nursing home and drug store services were available within the county in which they were situated) would not only be directly beneficial to residents in terms of their health but could also contribute to stabilizing out-migration trends.

Kuehn undertook to examine resident satisfaction with selected community services in an eleven-county area in northwest West Virginia and to identify factors which influence satisfaction levels.[74] Further, these levels of satisfaction were then compared to those of residents in the northeastern non-metropolitan United States. Using a researcher- administered questionnaire as an instrument for data collection, some 2,100 respondents in the northeast region were surveyed; almost 300 of these were in West Virginia.

A list of 15 community services was presented for respondent evaluation, this utilizing a 6-point Likert response scale. Mean response ratings of satisfaction were generated for each service, based on aggregate data, and these formed the basis for Kuehn's analysis. So given, it was determined that West Virginians were generally quite satisfied with existing levels of community service provision. On the 6-point scale which ranged from satisfied (1) to dissatisfied (6), assessments averaged 5.04. Service mean scores ranged from 3.37 to 5.69. Services with which respondents were most satisfied included ambulance, medical and dental services, fire protection, telephone service, information about local events on radio, and with their neighbourhood as a whole. At the opposite end of the evaluative scale, services receiving the lowest ratings of satisfaction included sports and recreation programs, housing, public transportation and local road maintenance. As Kuehn pointed out, a large variation in satisfaction levels emerged between the first eleven rankings and the remaining (lowest) four.

Kuehn compared the assessments of regional respondents to those of the West Virginian sample by ranking the services on the basis of realized mean scores and then comparing rank positions. Although no service emerged with an identical ranking in both

---

[74] Kuehn, John P. *Satisfaction with Community Services in North West Virginia.* West Virginia Agricultural and Forestry Experiment Station, Bulletin No. 649. 1976.

samples, the composition of the upper most and lowest categories of satisfaction were consistent between the two, with a single exception. Medical care services, while ranked among those services with which West Virginian respondents were most satisfied (service mean = 5.37), were viewed less favorably by the regional sample (service mean = 4.85), although not low enough to enter the bottom rated category. Kuehn offers no explanation or speculation as to the reason for this difference in service satisfaction between the two samples. From both respondent samples, local schools, police protection services, and information about local community events on television and in local papers received only average (comparatively) assessments of service satisfaction.

Gladhart and Britten considered community service needs in the context of their investigation of the effects of rapid population growth in a rural township in northern Michigan.[75] Their objective was to gain an understanding of the changes which had occurred in the community and to create a needs assessment data base pertinent to community development strategy and activities. A random sample of residents in Haynes Township was invited to participate in the study by completing an interviewer- administered questionnaire. Specific to community service needs, respondents were asked to consider a list of selected services and indicate their satisfaction with each, as it is provided locally. Of the services assessed, public medical facilities (39 percent respondents indicated some level of satisfaction with existing service level), ambulance services (32 percent) and the condition of local roads (45 percent) received the lowest ratings of satisfaction. Conversely, residents were most satisfied with utility services (94 percent), fire protection services (83 percent) and garbage and trash collection (79 percent). Falling into the mid-range category were public school facilities, library services, community recreation facilities and police protection.

Recognizing that local budgets are usually quite constrained relative to the services a community can provide, Gladhart and Britten asked respondents to identify high-priority

---

[75] Gladhart, Peter M. and Patricia Britten. *The Impact of Rapid Population Growth on Housing, Public Service Needs and Citizen Priorities in a Rural Community.* Michigan State University Agricultural Experiment Station. Research Report No. 366. 1978.

services for improvement. Roads were mentioned by 36 percent of persons responding to this question; medical facilities were listed by 20 percent and an additional 20 percent referred to community services as a general category. Protective services (ambulance, police, firefighting) were also mentioned as was garbage and trash collection. Recreational and education services were not mentioned, nor was water, sewer systems or any other type of physical or infrastructural service.

Molnar and his colleagues considered community services to be an integral factor of community satisfaction which, in turn, is central to the concept of quality of life.[76] This study was intended to determine and compare levels of satisfaction with selected community services among residents of three non-metropolitan Alabama counties. An additional research objective was to examine how satisfaction levels had changed over time by comparing empirical data collected for this study with that generated three years earlier in a similar investigation.

As part of the investigative methodology, personal interviews were conducted with a stratified random sub-sample of respondents who had participated in the earlier study. Using a 1-7 Likert response set, respondents were asked to indicate their satisfaction with eight community services. Subsequent analysis and interpretation of results were based upon composite mean scores compiled for each service. Paired comparison t-tests were used to determine statistically significant differences between satisfaction assessments as determined in 1974 and those in 1977. Specific to the later survey, mean scores of satisfaction were rescaled to a 100-point basis. This given, in no case did a service receive a rating exceeding 65 points. The composite satisfaction means for all services listed was 52 points. Household respondents indicated the greatest satisfaction with local public schools (65 points), garbage collection services (64 points) and telephone services (61 points). Sewerage systems and recreation services/facilities were evaluated least satisfactorily, each receiving an evaluative 'score' of 30 points.. Health care was rated at 55 points.

---

[76] Molnar, Joseph J., et al. "A Longitudinal Analysis of Satisfaction with Selected Community Services in a Non-metropolitan Area." *Rural Sociology*. Vol. 44, No. 2, 1979. pp. 401-419.

When the data were considered longitudinally, it was learned that household respondents had generally grown less satisfied with community services over the three year period under consideration. This was particularly true for fire protection services. The single exception to the negative assessments lay in public schools, for which satisfaction ratings significantly (statistically) increased.

Canadian based research into the needs of small communities is characterized foremost by paucity. Few published studies exist specific to this settlement typology. Among those of recent "issue", two studies merit particular reference, the first having served as a special background investigation for the second.

Blakney, in 1978, undertook a community needs assessment in the village of Hunter River, Prince Edward Island.[7] The community, with a population of 310 persons, is located at the approximate geographic centre of the province, some twenty kilometres northwest of Charlottetown. The objectives of his research were, first, based on resident self-assessment, to identify community needs and to priorize these so as to provide a guideline for community development and planning activities and, second, to examine the applicability and suitability of existing government (multilevel) grant programs designed to assist communities in responding to the needs of residents.

Based on a household survey, Blakney learned that inadequate or insufficient community services constituted the majority of needs identified by resident respondents. (Of the 19 needs which emerged from the survey, 13 were specific to the community services sector and, of these, 9 were of a physical or infrastructural nature.) When ranked on the basis of response frequency, improvement to the community's sewerage system was identified as the need of highest priority. Street and road improvements were ranked as being third in priority, followed by the need for a new sanitary landfill site and an improved garbage collection system, a better community water supply system, construction of sidewalks and the elimination of

---

[7] Blakney, John. "Planning for Small Rural Communities: A Case Study of Hunter River, P.E.I." Unpublished Master's Report. Queen's University School of Urban and Regional Planning. 1977.

unsightly premises, all of which were ranked as being of a fourth order of priority. The need for community based fire and police protection services followed in decling sequence. (At the time of Blakney's survey, both services were being "purchased" from neighbouring communities.) Farther down the list were such items as housing, land use planning, parking and tax levels. It is interesting to note that among the numerous physical services which dominated the emergent needs list, in the view of village residents, recreation constituted the second most needed community improvement. Blakney observed that existing facilities were perhaps sufficient to fulfill local needs (a value judgement on his part). The greater inadequacy, in his perception, lay in the absence of programming and organizational expertise to "stimulate activity and to ensure facilities are utilized efficiently."[78] With respect to the issue of needed community improvements, no mention was made of medical care services even though none were available within the community at the time of the survey, nor of schools and educational services.

Perhaps the most ambitious investigation of needs among residents of Canadian small communities was undertaken by Hodge and Qadeer.[79] Undertaking this study for the Government of Canada, Ministry of State for Urban Affairs, their research mandate was to close the "knowledge gap" which had developed in the course of the changing societal environment relative to the conditions that prevail in small communities in Canada. Central to this task was an understanding of the community needs of these centers.

In operationalizing their research, Hodge and Qadeer distributed survey questionnaires to elected and appointed local government officials in a regionally stratified random sample of small communities across Canada. Their rationale for using this key informants approach to assessing community needs was that it is through political and social processes that the needs of a community are articulated. Therefore, community leaders are seen as being in a position to accurately express the needs and opinions of their constituents. Respondents were then asked

---

[78] Ibid., p. 74.

[79] Hodge, G. and MA. Qadeer. *Towns and Villages in Canada: A Report to the Ministry of State for Urban Affairs*, Government of Canada. Queen's University School of Regional and Urban Planning. 1977.

to indicate what they perceived the main problems of Canadian small communities to be. From these responses, the authors interpolated "perceived and expressed needs."[50]

Survey results revealed that improvements to community services were seen as a central need among small communities. Specifically, inadequate health facilities, inadequate recreation and entertainment, and inadequate community meeting/social facilities emerged as the three most frequently cited community problems. Educational and physical (infrastructural) services received no mention in the open-ended questionnaire items addressing this area.

Addressing another indicator of need, Hodge and Qadeer asked respondents to indicate the various types of community improvements projects undertaken in their communities during the ten year period prior to the time of the survey. These, they reasoned, would have been initiated in response to resident demand and, as such, indicative of the nature and magnitude of needs during the period. While the range of projects was broad in nature, local public works predominated with construction of community centres and the organization of recreational programs becoming the model response categories. Water purification and sewerage system expansion improvement closely followed as the second most frequently undertaken development projects.

An additional question asked which community services were most frequently demanded by residents in the sample communities over the same ten year period. Recreation facilities and physical services (water, roads, sidewalks, etc.) once more dominated responses.

In synthesizing results, these data led Hodge and Qadeer to conclude that "recreational and entertainment facilities and water and sewerage services ... are the most frequently expressed (community service needs) in small communities."[51] Little variation was found between the needs of communities of varying population sizes. Smaller communities exhibited a tendency to be more selective in their needs, with public demand being more restrained and constrained in terms of scope or variety than was the case in larger centers. In conclusion,

---

[50] Hodge, G. and M.A. Qadeer. *Towns and Villages in Canada.* Toronto: Butterworths. 1983. pp. 172-175.
[51] Ibid., p. 176.

Hodge and Qadeer suggest that although problems and needs do exist in Canada's small communities, they are of moderate proportion and scope,[82] a factor largely due, they suggest, "to the realistic expectations of residents."[83]

Several questions may be raised as to the validity and reliability of Hodge and Qadeer's results and conclusions. The first concern is of a theoretical nature, that is, as to whether key informants do actually represent their fellow community residents in their attitudes and opinions on various issues. As noted earlier, research on this question is divided in its findings. Further, Hodge and Qadeer's operationalization of the concept of 'small community' by grouping under that label all incorporated and unincorporated centers having a population size of 10,000 persons or fewer, is also of questionable validity. Of specific concern is the level of internal homogeneity among residents and communities within that grouping. If the population is not homogeneous relative to specifically defined criteria employed, conclusions and generalizations drawn upon research results will be compromised. In the case of the province of Saskatchewan, for example, a population size of 5,000 persons is the minimum required to enable a community to legally incorporate as a City. It is uncertain as to the number of shared characteristics which a center with twice that population would show with a community with a population of 300 persons, for example, and which would enable meaningful statements on shared needs and problems to be made. In short, the population parameters established by Hodge and Qadeer in defining 'small community' may have been too broad, relative to their analytical objectives.

The above concerns notwithstanding, Hodge and Qadeer's research is unique in that no other national study of Canadian towns and villages exists. As such, it has formed a precedent and basis for comparison for subsequent research on Canadian small communities and their needs. At the beginning of this discussion of Canadian based research, it was stated that the two studies reviewed here were of particular interest and importance. This is so given the fact that they were undertaken at opposite ends of the continuum -- Blakney studying a single

---

[82] Ibid., p.176.
[83] Ibid., p. 176.

community with a comparatively small population, Hodge and Qadeer proceeding along a national perspective ... yet a complementary set of community needs emerged from them. On this basis, some degree of validity and reliability of results relative to the needs of Canadian small communities, in general, may be assumed.

E. Summary

Perhaps most noteable among the empirical findings described above is the variation in residents' satisfaction/dissatisfaction with individual community services both among and within small communities. As a result, broad brush generalizations based upon the results of a single study, may be of limited use in attempting generalizations. The results of U.S. based research, for example, may not accurately reflect the Canadian small community environment; similarly, nationally-based studies may fail to accurately reflect regional circumstances.

Several trends do emerge from these data. In all but a single study, recreation facilities and programs emerged among the services with which residents were most dissatisfied and for which improvement was a priority. Physical services, particularly streets and sewer systems, also entered this category. The availability of medical care services were cited as requiring provision and improvement in three of the studies. Public schools received generally high ratings of satisfaction as did fire protection services, although these too varied between studies and among communities within particular studies. It should be remembered that the results of the dissatisfaction/satisfaction evaluation will be influenced by the closed-ended design of survey questionnaire items. Studies which limit assessment to a given list of community services risk overlooking particular service(s) which may, in the respondent's opinion, be of high priority for provision. This format was used exclusively in all but one of the above studies.

Finally, while global measures of satisfaction may "constitute a useful social indicator for a particular service"[44] they perhaps are insufficient if used alone as indicators of need and

---

[44] Molnar, Joseph J. "Community Services Research: Some Continuing Reflections" *The Rural Sociologist.* Vol. 1. No. 3, 1982. Pp 150-151; p.150.

priority. While need may be inferred from low satisfaction or dissatisfaction, the degree or extent of satisfaction may not be an adequate illuminator of the breadth of the needs gap. Two services receiving similar satisfactory evaluations, may have distinctly differing levels of priority for improvement, relative to the view of respondents. Of the studies considered above, only Gladhart and Britten specifically requested respondents to discriminate among the services with which they were not satisfied and identify high-priority services for improvement. The remaining studies simply ranked services on the basis of assessment scores and interpreted priority for improvement, or need.

III. RESEARCH DESIGN AND METHODS OF DATA COLLECTION

A. Small Community: The Definitional Dilemma

What is a small community? It is necessary to establish a clear operational definition of this concept in order to study it. Prerequisite to this, however, is conceptual accord.

First, the concept of 'community' must be considered in isolation. Ambiguity and inconsistency characterize past efforts of sociologists to establish a universally acceptable and accepted definition of this term. Hillery,[15] in a review of major scholarly journals, discovered more than 90 definitions of 'community'. The single common denominator was recognition that *people* were involved in communities. Sutton and Munson[16] ,in a more recent examination, discovered little progress had been made toward conceptual reconciliation; that the number of definitions in existence had increased to 115. Although substantial inconsistency characterized the various definitions, both studies concluded that the majority did emphasize at least one of territoriality, social interaction or interrelations, and "common ties" or activities, as essential elements of community. Poplin's[17] evaluation is attractive for its perspicaciousness. He states that 'community' has been used by sociologists in three general ways: in reference to a moral or spiritual phenomenon, as a synonym referring to an aggregation of persons such as a religious organization or co-members of a profession; and, "to refer to those units of social and territorial organization that dot the face of the earth and that can also be called hamlets, villages, towns, cities or metropolitan areas." [18]

It is this element of specified territorialism which is pertinent to this study. According to Woods-Gordon, [19] one of three parameters is commonly used as a deliminator in this

---

[15] Hillery, George A. Jr. "Definitions of Community: Areas of Agreement" *Rural Sociology*. Vol. 20, No. , 1955. pp. 111-123.

[16] Sutton, Willis A. Jr., and Thomas Munson, "Definition of Community: 1954 through 1973." Paper presented to the American Sociological Association, New York, August 30, 1976.

[17] Poplin, Dennis E. *Communities: A Survey of Theories and Methods of Research.* 2nd ed. Toronto: Macmillan. 1979.

[18] ibid, p.3

[19] Woods, Gordon and Company *Management and Planning Capabilities in Small Communities.* Study Background Paper No. 1. 1980.

respect. These are: 1) area or administrative unit definitions, 2) form or physical structure, and 3) population size. In the first case, as they point out, a small community is any "not large urban centre". That is, for example, any community *not* recognized as a Census Metropolitan Area (CMA), is a 'small' community. Halfhide [90] provides an example of this type of definition. Anderson [91], and Hodge [92] have based their definitions of small community upon the second parameter. This holds that a small community is that which is characterized by a single, mononucleated, undifferentiated central core providing first order [93] goods and services as a service function.

By far the most commonly used delimitor of small community, is population size. This is structured on the premise that a number of essential social, physical, economic, infrastructural, administrative/political and other dimensions of community life are correlated with population size. Little consistency exists however, in specification of the population boundaries within which a community would be considered to be a small community. For example, a review of six pertinent articles revealed the following population size ranges:

Author	Population Size Range
Haynes [94]	0 - 500
Homenuck [95]	0 - 500
Baker [96]	200 - 2000
Hodge [97]	500 - 5000

---

[90] Halfhide, E. *Notes on Small Communities,* Internal Document, Architectual and Planning Division, Canadian Mortgage and Housing Commission (CMHC), 1972.
[91] Anderson, A.H. "Space as a Social Cost" *Journal of Farm Economics.* 1950. p.p.411-430.
[92] Hodge, Gerald, "Do Villages Grow - Some Perspectives and Predictions" *Rural Sociology* Vol. 31, No. 4, 1966. pp. 183-196.
[93] Christaller, W. *Central Places in Southern Germany,* translated by C.W. Baskin, New York: Prentice-Hall, 1966.
[94] Haynes, Alan, "Western Voices", an unpublished Dept. of Sociology research report. University of Saskatchewan, 1977.
[95] Homenuck, P. "Prospects for Revitalizing Small Communities" as found in R.G. McIntosh and I.E. Housego (eds.) *Urbanization and Urban Life in Alberta,* publisher unknown, 1970.
[96] Baker, Harold R. "Rural communities in the west", the *Agrologist* Vol. 10, No. 2, 1981. pp. 12-18.
[97] Hodge, op. cit.

Kirkland [98]	1,000 - 30,000
Woods-Gordon [99]	1,000 - 100,000

If the task is to build upon commonality of shared "critical dimensions" among small communities, one becomes somewhat skeptical of the strength of this bond between a community with a population of 2,500 persons and one of 25,000 persons. This lack of conceptual and operational synthesis is pervasive through the literature. Unforunately, many researchers choose to side-step the conceptual problem by establishing study-specific operational definitions. What this has accomplished is added bulk to a body of research finding that has limited comparative utility and which has all but hopelessly compromised the scientific precision of the term.

Let us consider this conceptual problem from a slightly different perspective. Much has been written about "those units of social and territorial organization" [100] to which this study refers as 'small community'. While theorists and empiricists use as their referent the same societal and spatial entity, consensus deteriorates in the assignment of a descriptive label to it. Tweeten and Brinkman [101] for example, refer to micropolitan communities. Hansen, Tucker, Summers et. al. and others, use the term nonmetropolitan. [102] Goudy refers simply to small towns. [103] Parkinson writes of small urban centers.[104] Olsen and Brown and Baker use the labels rural and small interchangeably in discussing these communities. [105] Abramson discusses

---

[98] Kirkland, J.S., *An Overview of Small Communities in Canada.* Development Group. Central Mortgage and Housing Corp., May, 1976.
[99] Woods-Gordon, op. cit.
[100] Poplin, op.cit.
[101] Tweeten, Luther and George L. Brinkman, *Micropolitan Development.* Ames, Iowa: Iowa State University Press. 1976.
[102] Hansen, Niles J. *The Future of Nonmetropolitan America* Lexington: Lexington Books, 1973; Tucker, Jack C. "Changing patterns of migration between metropolitan and nonmetropolitan areas in the United States: Recent Evidence.", *Demography.* Vol. 13, 1976, pp 435-43; Summers, Gene F., et.al. *Industrial Invasion of Nonmetropolitan America,* New York: Praeger Press, 1976.
[103] Goudy, Willis J. "Evaluations of Local Attributes and Community Satisfaction in Small Towns", *Rural Sociology.* Vol. 42, No. 3, 1977. pp 371-382.
[104] Parkinson, Anna, "Growth of Small Urban Centers", An unpublished *Master of Environmental Design* (Urbanism) thesis. University of Calgary, 1978.
[105] Olsen, H.D. and J.A. Brown, *A Study of the Growth of Selected Service Centers in Saskatchewan.* Department of Agricultural Economics Research Report rr:75-03, University of Saskatchewan, 1975; Baker, op. cit.

the 'rural non-farm' centre.[106] After reflecting upon this wondrous conceptual labyrinth, one cannot help but be both frustrated and amused with Galpin's early attempt to straddle the conceptual fence by labelling these communities as "rurban". [107]

This incongruity is largely a function of the dualistic nature of the phenomenon itself. As Qadeer observed, the small community is "caught in a double dilemma. On the one hand, they have been incorporated into the urban milieu, on the other, they are not full partners in the metropolitan opportunities and facilities".[108] Each of the above authors has, to some degree, employed the traditional rural/urban dichotomy as a delimitive tool. More correctly, however, rural/urban is not a dichotomy; rather, each element is one dimension along a continuum with ideal polar ends. Each is characterized by specific typical features, the appearance of which, in any particular combination makes (in this case) a community more rural or less urban and vice versa. [109] In the case of the small community, it is unclear as to where along the continuum it should appropriately be situated. In terms of community "software" -- values, behavioral norms, power factors, social rank and indicators of status, sanctions, patterns of interrelationship and so on -- these centres have traditionally been more rural-like. [110] Where community "hardware" is considered, that is, parameters of a spatial, organizational, administrative, infrastructual, and economic nature, etc. they are often more urban-like. The combination of rural and urban characteristics are specific to each community.

It is in the effort to devise a construct which adequately reflects this hybrid nature of the small communities in general, that labels such as 'rurban' and 'micropolitan' have appeared.

---

[106] Abramson, Jane A. *Rural Non-farm Communities and Families: Social Structure, Process and Systems in Ten Saskatchewan Villages*. Canadian Center for Community Studies, University of Saskatchewan. 1967.

[107] Galpin, Charles J. *The Social Anatomy of an Agricultural Community*. Agricultural Experiment Station Bulletin No. 1, University of Wisconsin, 1915.

[108] Qadeer, Mohammad A. "Issues and Approaches of Rural Community Planning in Canada", *Plan Canada* Vol. 19, No. 2, June 1979. pp 106-121; p. 112.

[109] Maitland, Brian. "Developmental Tasks Among Alberta Rural Youth and Their Implication for 4-H Programming." Unpublished M.Sc. Thesis, The University of Alberta, Edmonton, Alberta. 1981.

[110] It should be recognized that the components of community "software" and "hardware" have been generally assigned and are incomplete listings.

To return to the initial discussion, it is recognized that population size is the parameter most commonly used to identify a small community. It is essential that the boundaries of the population range be adequate to, among those comminities which will be incorporated within them, maximize both internal homogenity and external heterogeneity with respect to the two sets of variables (hardware/software) discussed above. By doing so, perhaps a more continuous body of literature will result and, concomitantly, lead to a more accurate and intelligent understanding of the phenomenon concerned.

B. Operationalizing Small Community

For the purposes of this research, a 'small community' is defined as any incorporated urban community in the Province of Saskatchewan, having a population of between 500 and 2500 persons as recorded in the 1981 Saskatchewan Hospital Services Plan (SHSP) covered population statistics. Within the constraints of this framework, 117 small communities comprise the universe for this study.

As discussed earlier, the absence of scientific agreement as to the population limits at which a community becomes or ceases to be 'small' makes the selection of these parameters somewhat arbitrary. For this study, the rationale for specifying 500 as the minimum or lower population limits arises from the fact that 500 is the minimum population number required to allow a community to be incorporated as a 'town' in the province of Saskatchewan. It was desirable that all communities have the same legal status, and thus bound to function under the constraints and licenses of that status, particularly since service provision has a strong political/administrative component, both within the communities and externally.

The specification of the population maximum was made with some uncertainty. It was recognized that this number could not exceed 4,999 as, in the province of Saskatchewan, 5000 is the minimum population required to permit a community to incorporate as a City. Reference to the literature revealed that 2500 had been used as the upper population limit in two earlier

studies[111] of Saskatchewan's small communities. To adopt this precedent would at the least help to foster continuity among relevant literature and enable direct comparisons to be made with these earlier studies. A review of SHSP statistics revealed that fourteen communities recorded a population of between 2500 and 4,999. [112] Based on the researcher's knowledge of these centers and their economic and social characteristics, it was felt that their inclusion in the research universe would dilute the desired internal homogeneity of that universe. As a result, 2500 was selected as the upper population parameter.

In the course of the description and discussion of this study and its results, the terms 'small community', 'centre' and 'small center' will be used interchangeably.

C. Developing a Framework for The Study

Nature of the Data Required

To fullfill the research objectives of this study, empirical data of two types or 'foci' were required. These were:

1. descriptive, factual information pertaining to the physical, infrastructural and sectoral anatomy of small communities in the province of Saskatchewan. Specifically, emphasis would be on the existing range of communities services locally available; and information which would provide an awareness of the sectoral impacts experienced due to and in the context of overall societal development, particularly as these would affect community service needs and provision.
2. information on pertinent socio-economic and demographic characteristics of the residents of small communities; their attitudes and behaviors toward their physical and social environments, and their attitudes, perceptions and behaviors relating to various aspects of

---

[111] (Olsen and Brown, op. cit.; and Phipps, 1980)

[112] These communities were: Assiniboia (pop. 3003), Battleford (3596), Biggar (1660), Canora (2795), Esterhazy (3219), Hudson Bay (2575), Humbolt (4685), Kamsack (2677), Kindersley (4215), Meadow Lake (4345), Moosomin (2576), Nipawin (4586), Rosetown (2699), Tisdale (3328).

community services and the local service provision This data would have to be in a form and of a "quality" [113] which would permit meaningful analysis, manipulation and interpretation. A detailed outline of the data required from community residents follows:

a. Socio-economic and demographic characteristics
    1) age of respondent
    2) education
    3) household income
    4) marital status
    5) number and nature of dependents
b. Spatial characteristics
    1) length of residence in the community
    2) reason for settlement in the community
c. Attitudes and behaviors related to local community service provision
    1) community growth preferences
    2) willingness to incur tax increase to enable desired community service improvements
    3) assessment of Town Council 'performance' viz community service provision
    4) assessment of opportunity to participate in local-level decision making related to community service provision
    5) nature of involvement in local community service provision
d. Community service needs
    1) satisfaction with local community services
    2) evaluation of service essentiality
    3) views relating to the "appropriateness" of current provisional emphasis (priorities) of Town Council
    4) needs for community service improvement/provision

---

[113] The term "quality", in this context, refers to the validity and reliability of the data.

D. Methods of Data Collection

The structuring of inquiry is an integral part of the research process. The validity and reliability of results are contingent upon the degree of circumspection exercised in methodological decisions, particularly in the selection and operationalization of data collection methods. Essential considerations in these decisions are the nature of the source(s) from which information is sought, the nature or type of data required and the form in which it is desired, as well as any logistical or other constraints to which decisions must conform.

1. *Community-level data:* Several methods were employed to collect community level data. Government of Saskatchewan publications and records, census statistics, research reports, and current literature, among other published material sources were available and were pursued as the first-step of data collection. From a review, it became obvious that the validity of some of this material was uncertain, due to the data collection methods used in some cases, and, in others, because it was simply outdated.

   The simplest means for closing this information gap would have been to send to the Mayor, or some other knowledgeable person in each sample community, a prepared data sheet upon which relevant information could be recorded and then returned. It was thought desirable and of greater utility, however, for the researcher to visit each of the sample communities and complete this task personally .Not only would this enhance the reliability and validity of the resultant data through consistency in observation and reporting, but it would also permit a fuller understanding of the phenomenon under study by observing the community as a functioning entity and through informal discussions with residents. A community inventory form was designed, on which observations and factual data gathered in the course of field visit could be recorded. Its format was based upon the Saskatchewan Department of Industry and Commerce, "Community Profile(s)", with appropriate modifications.

2. *Resident-level data:* When the objective of data collection is measurement of attitude or orientation prevalent within a large population, or the description of a population which is

too large to observe directly, survey research is most appropriate. The personal interview and self-administered questionnaire are the two methods central to this mode of observation. Each was evaluated as plausible alternative for the collection of resident-level data.

Both methods are characterized by inherent strengths and weaknesses; the advantages of one often being the converse of the disadvantages of the other. The personal nature of the interview, permitting face-to-face interaction between the interviewer and the respondent made it attractive as a means for collecting data from the resident sample. The research population was more heavily weighted in the 'over 65 years of age' category. There was some concern that if a self-administered questionnaire was used as a data collection vehicle, problems could be encountered in realizing adequate response levels from this category due to health problems, English language non-literacy, and other related factors. This, in turn, could bias the respondent sample and, ultimately, the validity of conclusions and generalizations drawn from the data. Through a personal interview, it would be possible to clarify the intent of questions thereby to prevent misunderstanding, to collect verbal response and to probe when responses were incomplete or ambiguous. In the general interview situation, it would also be possible for the interviewer to maximize respresentativeness of sample respondents by ensuring that only those selected for inclusion in the survey sample were interviewed. As well, it is often possible for the interviewer, through observations, etc., to assess the validity of responses -- an element precluded in the self-administered questionnaire.

The financial, manpower and time resources necessary to complete a large number of interviews are often extensive. In addition to the preparation of interview schedules, such an exercise would require the hiring and training of a team of interviewers, precontact of respondents for appointment scheduling, and field subsistence support of interviewers while data gathering was in progress.

The self-administered mail questionnaire has the advantage of being a comparatively inexpensive and time-efficient method of data collection. In addition to the cost of printing the questionnaire, the only other major cost incurred in its administration is postage.

Additional advantages of self-administered mail questionnaires, particularly over the personal interview are speed, absence of interviewer bias, and the possibility of respondent anonymity and privacy, a valuable aspect as some of the information sought was of a personal and potentially sensitive nature. Finally, this method is attractive for its ability to yield data in a format which is more immediately manageable than that produced through personal interviews.

A negative aspect of the self-administered questionnaire, in addition to bias created by self selection, is its notority for realizing low rates of return. Also, as Babbie suggests, surveys often appear superficial in their address of complex issues and topics. This is inherent, as

> "standardized questionnaire items often represent the "least common denominator" in assessing people's attitudes, orientations, circumstances, and experiences. By designing questions that will be at least minimally appropriate to all respondents, the researcher seldom taps what is most appropriate to many respondents".[114]

Given the above discussion, the self-administered mail questionnaire was considered to be the most appropriate method of data collection for this study. Its disadvantages could not be ignored, however. Consequently, particular attention would have to be paid to the design and administration of the survey questionnaire in an attempt to minimize potential negative effects upon the reliability and validity of resultant data.

---

[114] Babbie, Earl R., *The Practise of Social Research*. Belmont, California: Wentworth Publishing Company, Inc. 1975. pp. 276-277.

E. Design of the Survey Questionnaire

The fundamental principal governing the design of the survey questionnaire was to facilitate ease of completion without compromising validity, reliability or usefulness of the resultant data. Attention was paid to ensuring that all questionnaire items were relevant, unambiguous and appropriate to the knowledge and comprehensive abilities of the entire survey sample.

In structuring questionnaire items, closed-ended questions were used whenever possible. Response categories varied between ordered choices and unordered discrete choices. Where the exhaustiveness of choices could not be guaranteed, a partially closed-ended format was used to allow residents to create a unique choice if required. The advantage to using closed ended questions lay in creating a common frame of reference for respondents. This way, there could be no misinterpretation as to the nature of the response desired. Closed-ended responses also may be more easily processed for computer input and analysis, particularly when precoded, than open-ended responses.

Open-ended questions were used whenever it was impossible to anticipate exhaustively the range of responses such questions might generate, when possible responses were too numerous to list or where it was desired to allow the respondent opportunity for self-expressions.

When it was desired to make distinctions in degree rather than quantity, rating scales were incorporated into question design. Scales are particularly effective in the measurement of attitudes, beliefs and other such abstract variables. The Likert scale [115] was operationalized in this study to determine community satisfaction (Question 4). The Likert response frame is an attitudinal continuum with the polar ends representing extreme opposite positions ie. very satisfied/very dissatisfied. Each point in the continuum is assigned a numerical equivalent, indicative of response intensity. Thus, in making the cognitive correlation between his/her attitude on a specific issue, or, variable, and its numerical equivalent, the respondent can

---

[115] A detailed description and discussion of Likert scales may be found in Babbie, op. cit., pp. 350-351.

indicate not only, for example, whether he agrees or disagress, but also the intensity with which he does so. The output is a numerical score, compiled through the summation of scores for the individual items included in the scale. These scores are useful in the relative sense, allowing a particular respondent to be compared to others in the survey sample.

Questions were designed into a matrix format whenever appropriate. This not only facilitated efficient use of questionnaire space but also was a way to speed up response. Dichotomous and Likert-type response categories were used in matrix design, the latter enabling respondents to compare answers to similar questions and thus, perhaps showing greater descretion in selecting from given response categories.

Finally, the design of individual items as well as formating of the overall questionnaire was fine-tuned using the textform computer program, a process which resulted in the development of a much more visually appealing product.

F. Sampling Procedures and Selection

This study is bimodular in its unit of analysis. That is, statistical testing and analysis of data were undertaken at both the community and the resident (individual) level.

The logistics of survey research make total census of a population in most cases at least impractical if not impossible, and in some cases, even undesirable. Sampling, which has arisen as an alternative to census research should not be misconstrued as a 'second rate' alternative. Rather, it is a time/cost efficient means of data collection which accommodates many of the financial, management and other constraints besetting census coverage while retaining accuracy of results. It is essential that the survey sample selected be representative of the survey population to ensure that the validity and reliability of the collected data is not compromised. The sampling methodology operationalized in this study was structured so as to maximize sample representativeness at both levels.

The Community Sample

Given the definitional parameters of small community which were established earlier, the 117 communities were included in the survey population of this study. Small communities, it was hypothesized, are not a homogeneous set. Variations exist among them with respect to spatial circumstances, the nature and strength of their economic base, the socio-economic and socio-cultural characteristics of residents, among other factors. Alone or in combination, any of these factors are potentially influential in defining not only the needs of a specific community population but the nature and kinds of community services which are given priority in by local and other decision makers. To employ simple random sampling and ignore such potentially swaying factors would be to risk producing a biased sample which ultimately would inhibit the generalizability of research results. Stratified sampling [116] ,on the other hand, would allow for the selection of a sample more truly representative of the overall survey population.

A review of pertinent literature revealed several stratification schemes which have been employed in other studies. None of these studies had focused specially upon the issue of community service needs or service provision. As such, none was directly appropriate to this research.

It was decided to develop a unique statification frameworking, based upon an integration of the work of Zimmerman and Moneo,[117] Parkinson,[118] Hodge[119] and Kinney.[120] It's underlying definition was functional; that is, the small communities which formed the survey population were stratified on the basis of the function they maintained in the overall

---

[116] The function of stratification is to organize a survey population into homogeneous subsets on the basis of selected stratification variables while maintaining heterogeneity between subsets. Its effect is to insure proper representation of these variables to enhance representation of other variables related to them.

[117] Zimmerman, Carle C., and Garry W. Moneo. *The Prairie Community System.* Agricultural Economics Research Council of Canada. June. 1971.

[118] Parkinson, op. cit.

[119] Hodge, Gerald., "Do Villages Grow - Some Perspectives and Predictions" *Rural Sociology.* Vol. 31, No. 4, 1966. pp. 183-196.

[120] Kinney, R. Lecture material presented in University of Alberta, Faculty of Extension course no. 6272, "Small Towns." Delivered March 9-12, 1982. Edmonton, Alberta.

community system[121]. Initially, function was determined by the composition of the local marketplace. Some communities made available a larger and more diversified range of consumer goods and services to local and area patrons, others were more limited in their offering. A large trade center would tend to develop a central place function[122] as residents from surrounding less developed centers came to the community to complete their purchases, transactions and procure required services. Specialized services also tend to concentrate in such centers as a centralized location to service, in addition to local residents, a population which may frequent the community for other purposes. Communities of this nature also tend to have a larger and perhaps more heterogenous population and, for that reason, may realize a greater number and diversity of community service needs than do other types of small communities. Concomitantly, given a larger residential and commercial taxable base, these centers may be better able (financially) to respond to the community services needs of residents. Thus, size of the local business sector, based on the number of businesses recorded in Dun and Bradstreet's *Reference Book* for May, 1982 became the first delimitor in the stratification framework for this study. This variable would be taken into consideration along with the presence of a complete list of specialized services which included an RCMP detachment, at least one office of a Saskatchewan government department or agency, and an independent newspaper publishing office. On the basis of the literature, it had originally been intended to include hospitals on the above list. Upon reviewing available data, however, it was learned that all but a small proportion of the communities did possess a hospital. As a result, this variable was deleted.

To ignore the emergence of dormitory communities adjacent to major cities (ie a zone described as the urban fringe) would have been counterproductive to the task at hand. Spatial proximity to the city makes these centers attractive to persons seeking a residential QOL which is superior to that of the city. As a result, many small communities located in the urban fringe have experienced substantial population growth. The impact of this growth upon the local economic base, is generally, minimal as households continue to depend primarily upon the city

---

[121] Zimmerman and Moneo, op. cit.
[122] Christaller, op. cit.

for employment and the satisfaction of their consumer and other needs. This, given the needs perceived by residents of these centers, may be distinct from those of residents from other small community types. Similarly, given the presence of a limited commercial/retail sector and concomitant limited tax base, the capacity of these communities to respond to the needs of residents in providing community services, may also be distinct. As such, it was decided to establish these communities as discrete entities in the stratification framework.

Stratification of small communities thus proceeded according to the following criteria:

1. **Fringe Communities:** Those communities which had experienced at least a 25% increase in population over the 1971-1981 period (as determined using Saskatchewan Hospital Services Plan Covered Population statistics) and which were located within a 50 km radius of the major provincial cities of Regina, Moose Jaw, Lloydminster and Saskatoon were identified as Fringe communities. Exception was made for the communities of Maidstone (50 km southeast of Lloydminster) and Milestone (45 km south of Regina). Both possessed all of the specialized services chosen as stratification variables and Maidstone had a relatively large business sector (55 businesses), all contrary to the characteristics of dormitory communities as outlined in the previous discussion. Both were also on the perimeter of the spatial boundary established. In view of these circumstances, it was decided that it could potentially be misleading to include these two communities in this strata and their names were returned to the survey population. Fourteen communities composed this stratum.

2. **Rural Regional Centers:** Those communities characterized by the presence of at least 59 businesses (defined by Hodge[123] as being 'complete shopping centers') as well as the presence of an RCMP detachment, a newspaper publishing office and at least one decentralized office of a provincial government department or agency were identified as rural regional centers. Nineteen communities were included in this stratum.

---

[123] Hodge, op. cit.

In the review of data which were used to identify rural regional centers, it was observed that the presence of specialized services in a community was not necessarily related to the size of the local business sector. A number of small communities possessed all of the specialized services considered important here, but had fewer, sometimes substantially fewer, than 59 businesses in their commercial/retail sector. It was decided to create a unique strata, identified as **District Service Towns**. Seventeen communities were included here.

3. **Home Towns:** The remaining 67 communities which did not satisfy the stratification criteria for any of the above three strata were included here. A complete list of the small communities included in this survey population, stratified on the basis of social differentiation levels is presented in Table 3.1.

Budget constraints dictated that the community sample would comprise an upper limit of 12 small communities. Table 3.2 presents the proportional breakdown used to determine the composition of that sample, in terms of each community type. To generate the actual sample, the communities within each strata were ordered alphabetically and sequentially numbered. Using the simple but reliable method of drawing numbers out of a hat, a proportional random sample was selected from each community strata, totalling 12 in number. The results of this exercise, that is, the names of the sample communities are presented in Table 3.3.

The Resident Sample:

SHSP Covered Population statistics recorded a population of 111,515 persons in Saskatchewan small communities in 1981. It was desirable for the empirical data generated by the resident survey sample to be based on a 90 percent level of confidence, with a precision level of 0.05.[124] These parameters given, the minimum sample size required to attain the desired data

---

[124] This means that the empirical data may be expected to accurately reflect the actual situation at least 90 percent of the time. A precision level of 0.05 implies that there is less than a 5 percent chance of error in guaranteeing the representativeness of the survey sample relative to the total research population.

TABLE 3.1

SASKATCHEWAN SMALL COMMUNITIES STRATIFIED ON THE BASIS OF SOCIAL DIFFERENTIATION LEVELS

Fringe Communities

Balgonie	Langham	Pilot Butte
Dalmeny	Lashburn	Qu'Appelle
Delisle	Lumsden	Waldheim
Dundurn	Martensville	White City
Hague	Osler	

Rural Regional Centers

Carlyle	Indian Head	Shaunovan
Carrot River	Kelvington	Shell Brook
Eston	Lanigan	Spirit Wood
Foam Lake	Maple Creek	Unity
Fort Qu'Appelle	Outlook	Wadena
Gravelbourg	Rosthern	Watrous
		Wynyard

District Service Towns

Birch Hills	Ituna	Norquay
Broadview	Kerrobert	Radville
Carnduff	Kipling	St. Walburg
Coronach	Maidstone	Wakaw
Davidson	Milestone	Wilkie
Gull Lake	Mont Marte	

Home Towns

Allan	Chalk	Langenburg	Rock Glen
Alsask	Cudworth	Leader	Rose Valley
Arcola	Cupar	Leask	Salt Coats
Asquith	Cut Knife	Le Roy	Southey
Balcarres	Duck Lake	Luseland	Springside
Bengough	Eastend	Macklin	Star City
Bienfait	Eatonia	Midale	Stoughton
Big River	Elrose	Mossbank	Strasbourg
Blaine Lake	Frontier	Naicam	Sturgis
Broadview	Grenfell	Nokomis	Turtleford
Bruno	Hafford	Oxbow	Wapella
Burstall	Herbert	Pontiex	Watson
Cabri	Imperial	Porcupine Plain	Wawota
Central Butte	Kinistino	Preeceville	Wolesly
Choiceland	Kyle	Quill Lake	Willow Bunch
Churchbridge	Lafleche	Raymore	Whitewood
Colonsay	Lampman	Rocanville	

TABLE 3.2

PROPORTIONAL SAMPLE SIZE FOR
DIFFERENTIATED SMALL COMMUNITIES

Community Type	Number of Communities (Total Survey Population)	Proportion of Total Survey Population	Sample Size
Fringe Communities	14	.12	2
Rural Regional Centers	19	.16	2
District Service Towns	17	.15	2
Home Towns	67	.57	6
Total	117	1.00	12

TABLE 3.3

THE SAMPLE COMMUNITIES

Fringe Communities:	1) Lumsden 2) Langham
Rural Regional Centers:	1) Foam Lake 2) Rosthern
District Service Towns:	1) Birch Hills 2) Ituna
Hometowns:	1) Turtleford 2) Luseland 3) Elrose 4) Cudworth 5) Eastend 6) Imperial

'quality' was 383. This number was determined according to *Bruno's Tables for Determining Sample Size and Sample Error*. Because of the low rate of return typically realized by the selfadministered mail questionnaire, sample size was arbitrarily increased to 800, in hopes of improving the likelihood of receiving at least the minimum number of returns required.

To enable sample selection, a comprehensive listing of the residents in each sample community was required. The most comprehensive and current source of this information was the voters list compiled for the 1982 Saskatchewan provincial election. While mailing addresses were not listed for the majority of individuals, telephone conversations with two town administrators were sufficiently reassuring of the abilities of local postmasters to successfully deliver mail with incomplete addresses (ie. no P.O. Box numbers).

It was recognized that use of the voters list as a sampling frame would systematically exclude all persons of less than eighteen years of age from the survey population. It was in fact desirable that only those persons who were legally recognized as being able to influence decisions on matters of service provisions, principally through voting etc., be included in the survey population.

The voters lists for each sample community were obtained and segregated into their respective stratification categories. Within each of the four community strata, the lists were arranged first alphabetically, by community name and then by poll number, if required. The names on these combined lists were then consecutively numbered, with the first name on the first page of the voters list(s) in each strata being number 1.

A computer generated list of stratified random numbers was then produced. Within each strata, the list of names was worked through mechanically, until those names corresponding with the random number list were identified. Once these names were aggegated, these 800 individuals became the resident sample for this study. Table 3.4 shows that the survey sample was slightly skewed with a 9% over-representation of Hometown respondents, achieved at the "expense" largely of the Fringe Communities, which were underrepresented in the sample by approximately 6.5 percent.

TABLE 3.4

SURVEY POPULATION AND SAMPLE SIZE
IN EACH COMMUNITY STRATIFICATION LEVEL

Community Type	Survey Population (No.)	Proportion of Overall Survey Population (%)	Survey Sample (No.)	Proportion of Overall Survey Sample (%)
Fringe Communities	1539	19.56	101	12.63
Rural Regional Centres	2261	28.74	225	28.12
District Service Towns	1283	16.30	121	15.13
Hometowns	2783	34.8	353	44.13
Total	7867	100	800	100

G. The Pretest

Arrangement was made with the Beaumont and District Regional Parks and Recreation Board to pretest the survey questionnaire. With the Chairman of the Board acting as facilitator and expeditor, a survey questionnaire and its accompanying cover letter were included in the regular premeeting information package mailed to each Board member. Each was requested to complete the questionnaire and note any ambiguities in the questions or any other problems or uncertainities encountered. Of the twelve questionnaires distributed, ten were completed and returned to the Chairman at the next Board meeting. They and additional comments were collected from him the following day.

The results of the pretest were encouraging, only two problematic areas surfaced. The first difficulty was due to instructional ambiguity, rectified by a minor change in the wording of one question.

The second difficulty identified through the present concerned question 7(A) (see figure 3.2). The objective of this question was to have the respondent evaluate a list of individual community services and assign to each a hierarchical ranking or position on the basis of his or her perceived priority for its local position. When examined as a whole, the data would allow discrimination among services on the basis of relative priority, thereby establishing a framework for appropriate decision making related to service provision. A five-point Likert type scale was provided as the ranking frame. Its intensity structure ranged from (1) which represented the highest level of provisional priority, to (5), which represented the lowest priority level. In the effort to phrase response instructions as simply as possible, the term 'Important' was used to convey the intention of the concept of priority. Thus, the question was phrased to read:

"... circle the appropriate number to show how IMPORTANT you think it is for that service to be available in a small community."

Very Important				Very Unimportant
1	2	3	4	5

In the pretest, the majority of respondents appeared to base their discrimination on an absolute (yes/no) rather than relative, or, incremental, evaluation framework. That is, services were ranked as being either 1. (very important) or 5.(very unimportant) with intermediate rankings ignored. It became obvious that the term *importance* did not communicate the nature or degree of evaluative discretion desired for this task. After some deliberation, it was decided to substitute the term *essentiality* in place of *importance*, with scale headings changed to read 1.(very essential) and 5.(very non-essential). The revised questionnaire was informally tested by members of the Department of Rural Economy. Results indicated that this wording change had adequately resolved the problem.

After these revisions were incorporated, the questionnaire was deemed a reliable vehicle for data collection.

H. The Problem of Non-Response

The utility of the self-administered mail questionnaire as an instrument of data collection, has been inhibited by a notoriously low rate of return. In recent years, response rates of well below 50 per cent have become acceptable. Causal factors vary. Perhaps most pertinent among them the fact that people have simply been 'oversurveyed' as marketing firms, opinion pollsters and various other organizations have recognized the value of this means of accessing the public mind and the public conscience. As a result, many individuals have become resentful of these attempted intrusions into their privacy and are selective of the requests for information to which they will respond.

The problem has generated a plethora of research. Dillman's[125] review of major sociological journals found over 2000 methodological articles discussing techniques to improving questionnaire response rates, had been published during "a recent eight year period" The results of this wealth of research were inconclusive. Techniques which successfully raised response rates in some studies, proved to be ineffectual or regressive in others.

---

[125] Dillman, D. *Mail and Telephone Surveys.* New York: John Wiley and Sons. 1978.

Clearly, more is required to convince desired respondents to complete a questionnaire than simple manipulation of cosmetic or mechanical elements which have worked in other studies. A more pragmatic approach is to identify aspects of the survey process which may affect either the quality or quantity of response and then respond to and shape each of them so as to maximize the positive and minimize the potential negative affects.

Two such areas for concern emerged in this study. These were:

1. *the problem of human nature and the failings of human memory:* A common reason for non-response is that the respondent has forgotten having received the questionnaire, or forgotten to mail it once completed. Summer is a busy season -- vacations, gardening, outdoor activities and other events occupy people's attentions and may cause them to unintentionally fail to respond to a questionnaire. Follow-up mailings are often undertaken as reminders to respondents. In many instances, however their costs outweigh benefits. The use of an advance letter may be more suitable to the objectives of the overall exercise. The effectiveness of the advance letter in improving response rates is well documented, [126] An advance letter was prepared, its contents outlining the nature and purpose of the proposed research, advising that a survey package was enroute to them by mail and requesting their participation in the study. To deal with the problem of the completed but unmailed questionnaire, it was decided that since the researcher intended to visit each sample community to gather community level data, it would be possible to conduct a telephone follow-up at that time. It was recognized however, that completion rates on these contact calls would likely be imperfect, subject to time and opportunity availability and the respondent being at home to answer the phone.
2. ***Legitimization:*** A factor of central concern to this study was that of legitimacy; specifically, the potential for respondent bias and extraordinarily high refusal rates due to the fact that, from the respondents' perspective, this research originated from an

---

[126] A more complete discussion of the merits and drawbacks of the advance letter may be found in Dillman, Don A., Jean Gorton Gallegus, and James H. Frery, "Reducing Refusal Rates for Telephone Interviews", *Public Relations Quarterly*, 40, 1976 pp 66-78.

out-of province institution.

Communication was the means by which this potentially inhibitive factor could be overcome, or, minimized.

The traditional vehicle for communicating with respondents in the mail survey situation, is the cover letter. To supplement its effectiveness, a press release was prepared which outlined the purpose and objectives of the study, the reason for its Alberta origin, and its sanction by the Government of Saskatchewan, Ministry of Urban Affairs (supported by a letter written to the researcher by Hon. Walter Smishek, Minister of Urban Affairs, see Appendix B). The central objective of this article was to convey the message that although this study was of external origin, its perspective and motivation were specific to Saskatchewan itself; that is, it was not an Alberta external review. The fact that the Minister had given his personal support to the study, it was hoped, would legitimize it in the eyes of doubting residents.

Arrangement was made to have the release appear in locally published newspapers in six of the sample communities. Publication was timed to coincide approximately with the receipt of the advance letter by sample residents approximately one week prior to the receipt of the survey packages.

The hosts of two popular radio programs agreed to promote this study on-air and encourage residents of small communities to participate. It was hoped that the credibility achieved by these two individuals would be extended to the study. Both programs attract a large listening audience and, in their combined broadcast areas, incorporated all but one of the sample communities. These promotions were timed to air shortly after the expected arrival of the survey package in the mailboxes of sample respondents.

I. Administrative Procedures

Upon implementation of changes dictated necessary through the pretest exercise, the survey questionnaire was computer printed in quantity. In addition, two sets of mailing labels and one set of return address labels were also generated.

Initial contact with each sample respondent was made through an advance letter. This letter, printed on official Department of Rural Economy letterhead, was intended to act as an introductory vehicle, explaining the purpose of the survey, alerting the respondent that a survey package was soon to follow and provided brief instructions for completing the questionnaire.

One week after the mailing of the advance letter, survey packages were mailed to sample respondents. Each package contained:

1. A cover letter which repeated, in brief, the purpose and objectives of the survey and provided instructions to the respondent for completing the questionnaire and returning it to the researcher. (These instructions were also included on the questionnaire.)
2. A questionnaire identified only by a community ID code.
3. A pre-addressed, metered return mailing envelope, also coded to identify only the community of origin.

It was considered necessary to monitor returns on a community basis. Several options for this were available. Haigh[127] listed community ID code number on the first page of each questionnaire, return envelope and return card, and in his cover letter, explained the purpose of the code, assuring respondents that its presence in no way compromised their anonymity. Owing to concern over the jeopardizing effect on return rates if respondents suspect that they could be identified by such a device, it was decided to employ a more subtle, yet equally reliable method. Each of the twelve sample communities was assigned an exclusive letter of the alphabet. This alphabet was then incorporated into the return address to which respondents were instructed to mail their completed questionnaires. For example, the standard return

---

[127] Haigh, R.J. "Resident Characteristics of Six Urban Fringe Communities in the Edmonton Region." Unpublished M.Sc. Thesis, The University of Alberta, Edmonton, Alberta. 1978.

address for the completed questionnaires was:

Community Service Study
Dept. of Rural Economy
515 General Services Building
University of Alberta
Edmonton, Alberta
T6G 2H1

The third line of the return address was modified to include the alphabet assigned to the specific community from which responses would be received. The community of Langham, for example, was assigned the letter 'A'; the community of Lumsden, the letter 'B' and so on. The third line of the return address, as included on the survey materials sent to sample respondents from Langham read:

(line 3) "...515 A General Services Building"

Those materials post to survey respondents in the community of Lumsden would include the modified return address:

(line 3) "...515 B General Services Building"

and so on through for each community.

The appropriately coded return address was printed on the return envelope included on the survey package and on the bottom of the last page of the survey questionnaire.

In this way, then, it was possible to monitor returns on a community basis while neither compromising the confidentiality and anonymity guaranteed to respondents in the advance and covering letters, nor providing possible reason for respondents to suspect the validity of this guarantee.

J. Response Rates

One month following the final date for the return mailing of completed questionnaires, a total of 238 responses had been received. Of the initial 800 survey packages mailed out, 8 were returned unopened by the Post Office, and an additional 5 were returned uncompleted by respondents who declined to participate. With these deletions, the potential sample was reduced to 787. This yielded a final response rate of 30.50 percent. Subsample size and rate of

return for each sample community and community type are presented in Table 3.5.

K. How the Study was Received

Although the final response rate realized for this survey fell short of that desired it was considered adequate in light of the methodology employed. The survey questionnaire was printed to include a request for additional comments from respondents. The greater proportion of respondents left this section blank, a number offered encouragement, but several indicated their frustration with the increasing number of unsolicited questionnaires and surveyors making demands on both their time and their privacy:

> "as you will note, I had it thrown in the waste basket because there are too many snoopy people around these days and I'm sure everyone knows everything anyhow."
> (Comment from a respondent from a home town who had torn up the questionnaire, then reconstructed it with Scotch tape.)

> "everytime I open the mail there's someone else trying to get me to fill in a questionnaire. Don't you people ever quit?"
> (respondent from a district service town)

The experience of community site visits was a positive one. While in each centre the researcher attempted to speak informally, whether personally or by telephone, with as many residents as possible, and to reach a representative crosssection of the total population of that community. Overall, most residents were interested in discussing their opinions on the issue of community service needs and provision.

Teenagers and younger residents were particularly helpful and enthusiastic when asked for their views. The typical initial comment from these residents was "What services would we like to have in town?... Gee, no one's ever asked us that before!" (comment by a young resident of a district service town). They seemed pleased if not surprised that someone was interested in their opinions and concerns and provided valuable and unique comments and perspectives.

Among senior citizens, a statement spoken often enough to cause concern was "Oh, I'm old so it really doesn't matter what I think." Many had resigned themselves to accepting

TABLE 3.5

SAMPLE SIZE AND RESPONSE RATE FOR TOTAL AND COMMUNITY SAMPLE

Community	Returns/ Sample Size	Response Rate (%)	Community Type	Returns/ Sample Size	Response Rate (%)
Langham	12/50	24•	Fringe Communities	27/101	27•
Lumsden	15/51	29			
Foam Lake	23/106	22	Rural Regional Centers	64/227	28
Rosthern	41/121	34			
Birch Hills	22/57	39	District Service Towns	33/116	28
Ituna	11/59	19			
Cudworth	27/77	35			
Eastend	20/57	35	Home Towns	116/343	34
Elrose	22/60	37			
Imperial	15/49	30			
Luseland	19/60	32			
Turtleford	13/40	33			
Total	240.787	$\bar{x}$=31%	Total	240/787	$\bar{x}$=31

• Rounded to the nearest whole number.

whatever the quality of life within their home communities was or was intended by the younger residents to become. Few seemed to feel they could influence decisions made regarding local service provision.

Town Administrators and other municipal employees were very cooperative and obliging to the request for factual community data. Before arriving in each community an appointment was arranged with the Mayor to ensure that a brief, informal interview could be undertaken during the researcher's visit to that community. Only in two home towns was any reluctance to meet encountered. In the first case, although the Mayor had agreed to be interviewed, he appeared quite anxious to avoid the researcher when she arrived for the meeting, and seemed to take great care to ensure that he could not be located. It was only after a considerable amount of "detective work" that the gentleman was located and a short interview completed. He would not reveal the reason for his somewhat unusual behavior.

In the case of the second home town, the Mayor when contacted by telephone, also agreed to the requested meeting and maintained that position in subsequent conversations with the researcher. When met for the interview, however, he flatly refused to speak about the subject of community service provision. The problem was the legitimacy of the study. When questioned about the reason for his change of attitude, he accused the researcher of "spying" on Saskatchewan communities as an agent for the Government of Alberta. Further, with reference to the information package which he had been sent, he interpreted the questionnaire to be "rigged", that it was, in fact, a consequential "test" of his Mayoral abilities and skills and that the questions were deliberately designed to be "trick" questions. [128] It was at that time that he returned the information materials to the researcher and suggested a rather colorful and inventive manner in which they could be subsequently stored. After a considerable amount of explanation and discussion, some progress was made toward legitimizing the study in his eyes and convincing him that its motives were academically rather than politically oriented. Clearly,

---

[128] The Mayor's distrust and suspicion of the study's intent led him to call a 'special' meeting of the Town Council to inform them of, to use his words "what you people were trying to pull here" and to get their support for his refusal to cooperate.

it was the letterhead which listed the University of Alberta and its Edmonton address that caused the problem. After a degree of rapport had been fostered through continued conversation, the Mayor began to "loosen up" and responded to questions pertinent to the issues of local service provision, resident needs and the quality of life in that community, albeit that his answers were often indirect. Unfortunately, shortly after a dialogue was achieved, an outside interruption required the Mayor's attention and the meeting was terminated.

The issue of legitimacy was discussed earlier in this chapter. As a result of the above experience, in combination with the question asked by several respondents, either during telephone contact or written at the bottom of returned questionnaires, ie. "Why is the University of *Alberta* doing a study in *Saskatchewan*," the researcher's initial concern was proved to be valid.

L. Tabulation of the Data

Following the termination date for acceptance of returned questionnaires, the data was prepared for statistical analysis. Because this was to be performed by computer, it was necessary for all data to be transcribed into a numeric format.

The majority of the closed-ended questions included on the questionnaire were designed with pre-coded response categories. This facilitated the direct transfer of the numeric response in the data-entry process with no additional intermediate manipulatory steps required.

Coding of responses to open-ended questions proved a more complex and time consuming process. For each question, a sample of questionnaires was read and, based on the answers encountered, an appropriate numbered response set created. The categorical nature and size of each set was dependent upon the analytical objectives for which that information was required. All answers to that question were then categorized and coded according to this response set. The categories within each set were mutually exclusive and exhaustive. The categorical nature and size of each response set was dependent upon the analytical objectives established for that data.

Descriptive and factual community data and that data gathered through interviews and discussions was to be manually tabulated and, as such, did not require coding.

M. Reliability and Validity of Empirical Data

The worth of a research effort rests upon the reliability and validity of empirical data. In the design of the research methodology, selection and development of instruments of measurement and their implementation, all decisions reflected the effort to optimize the quality of the resultant data.

A negative element of the self-administered mail questionnaire is the inability to test for systematic response bias. Self selection of respondents may result in biased data. Further, no practical means exists to ensure the returned questionnaire was actually completed by the sample respondent to whom it was addressed. The external reliability of data, thus, becomes at risk. A comparison of socio-economic characteristics of sample respondents with known population data reveals a relative degree of congruency. Further, because sample selection was made on a household rather than individual basis, it was not thought problematic if an adult member of the household, other than the selected respondent, actually completed the questionnaire. The questionnaire item intended to learn respondent's age was designed so as to identify any respondents who were below 18 years of age, and therefore ineligible for inclusion in the sample, and their responses to be eliminated. No cases of this nature were encountered. As a result, although external validity cannot be unequivocally specified, it may be assumed to be within acceptable limits.

It was possible to test the internal reliability of questionnaire data by comparing responses between similar items, with relative congruency suggesting reliability. Screening questionnaires for patterned or random responses, and eliminating these responses from the data set, further improved the reliability of the data. Discretion was required, however, when such discrimination was intuitively based. This became problematic in the case of Questionnaire items 7A and 7B (See Appendix A). The task required of the respondent was to

"work through" a list of 41 community services, and evaluate each from two distinct perspectives. The item was lengthy and the task repetitive. In several cases, it was suspected that the respondent had completed the evaluative task "honestly" for an initial portion of the service list and then completed the remainder of the list in a response pattern, often simply circling the same specific response number all the way through the list. Since it was not possible to verify these suspicions, and rather than risk skewing the data in the opposite direction by eliminating valid responses, it was decided to include these responses in the data set.

Data validity is a much more difficult dimension to evaluate. It relies upon the exactness with which questionnaire items represent the variables and concepts as intended. Pretesting revealed several ambiguities in question intent and response instructions. Fine-tuning of wording, where indicated to be necessary, reduced these ambiguities.

Socio-economic data are quite straightforward; the variables of interest to this research are transformed quite directly into questionnaire items. Questionnaire items relating to resident participation in activities related to community service provision were similarly direct, allowing little margin for misinterpretation. Questionnaire items 10 and 11 (see Appendix A) concerned the willingness of respondents to incur additional taxes to support desired improvements in local service provision, and an attempt to quantify this 'willingness' in dollar amounts. The validity of resultant data is open to challenge. Sensitive issues, such as matters of personal finance, are always subject to inaccurate or incomplete responses when addressed through survey questionnaires. The objective for persuing this data was to achieve a general indicator or trend in opinion. Limitations in validity as well as generalizability of this data are recognized and will be conformed to in the analysis and interpretation of it.

The question of whether a single-item Likert scale is an adequate tool to measure abstract concepts is worth considering. Several questionnaire items, Questions 4, 5, 7(A) and 7(B) were designed for Likert scale responses. For each, the respondent was required to make a cognitive correlation between his attitude (opinion, belief) and its numerical equivalent in

accordance with the given Likert scale. Should the respondent be unable to perform this correlative task, or, if the scale provided was too obtuse to permit meaningful discrimination in attitude to be made, validity of the data would once more be compromised. These factors are reflected in the final design of questionnaire items and, as such, permit some degree of confidence in the resultant empirical data.

Various factors or combinations of factors may be responsible for the low survey response rate. Among these problems of legitimization, inappropriate timing for administration of the questionnare, inappropriate selection of survey instrument relative to limited physical response capabilities in a known category of respondents, and so on. Definitive statements of the research population cannot be made given this low rate of response.

It would be somewhat myopic of the researcher to claim irrefutable relability and validity of the empirical data. While it was impossible to exhaustively anticipate and counteract all problems and potential inhibitors of data reliabity and validity, specific measures were taken to minimize their negative effect. However, these factors must be taken into account when drawing conclusions and generalizing from the empirical data.

IV. A PROFILE OF SASKATCHEWAN SMALL COMMUNITIES

The central focus in this description and discussion will be to learn about the nature and composition of the existing community services available in small communities in Saskatchewan. To allow a more structured discussion, the communities will be grouped and examined on the basis of the four community categories established for sample selection. The geographic location of the sample communities is presented in Figure 4.1.

The primary source of this data was observations made by the researcher during a visit to each sample community and discussions held with local administrative officials. Supplementing this are data gleaned from official statistics and information releases published by the Government of Saskatchewan; primarily the "Community Profile" series produced by the Saskatchewan Department of Industry and Commerce. The data which are discussed in the text of this chapter are also presented in tabular form in Tables 4.1 and 4.2, to allow ready comparison between and among the sample small communities.

A. Fringe Communities

1. *Langham:* Named[129] by Canadian Northern Railroad officials in 1905 to honor E. Langham, a purchasing agent for the line at that time, the Town of Langham is located approximately 29 kilometers east of Saskatoon, along the YellowHead highway. This geographic circumstance has been influential in shaping the nature and quality of life in the community.

   Once characterized primarily as an agricultural service center, over the last decade Langham has been transformed into a dormitory community. In the ten year period between 1971 and 1981, the local population increased by more than 160 percent, reaching a total of 1287 residents in 1981. The influx of residents in the 20 - 39 year age category has been particularly significant. The primary source of these in-migrants has been the

---

[129] Historical information related to the establishment and naming of sample communities has been taken from Russell, E.T. (ed.), *What's In a Name.* Saskatoon: Western Producer Book Service. 1973.

FIGURE 4.1

LOCATION OF SAMPLE COMMUNITIES

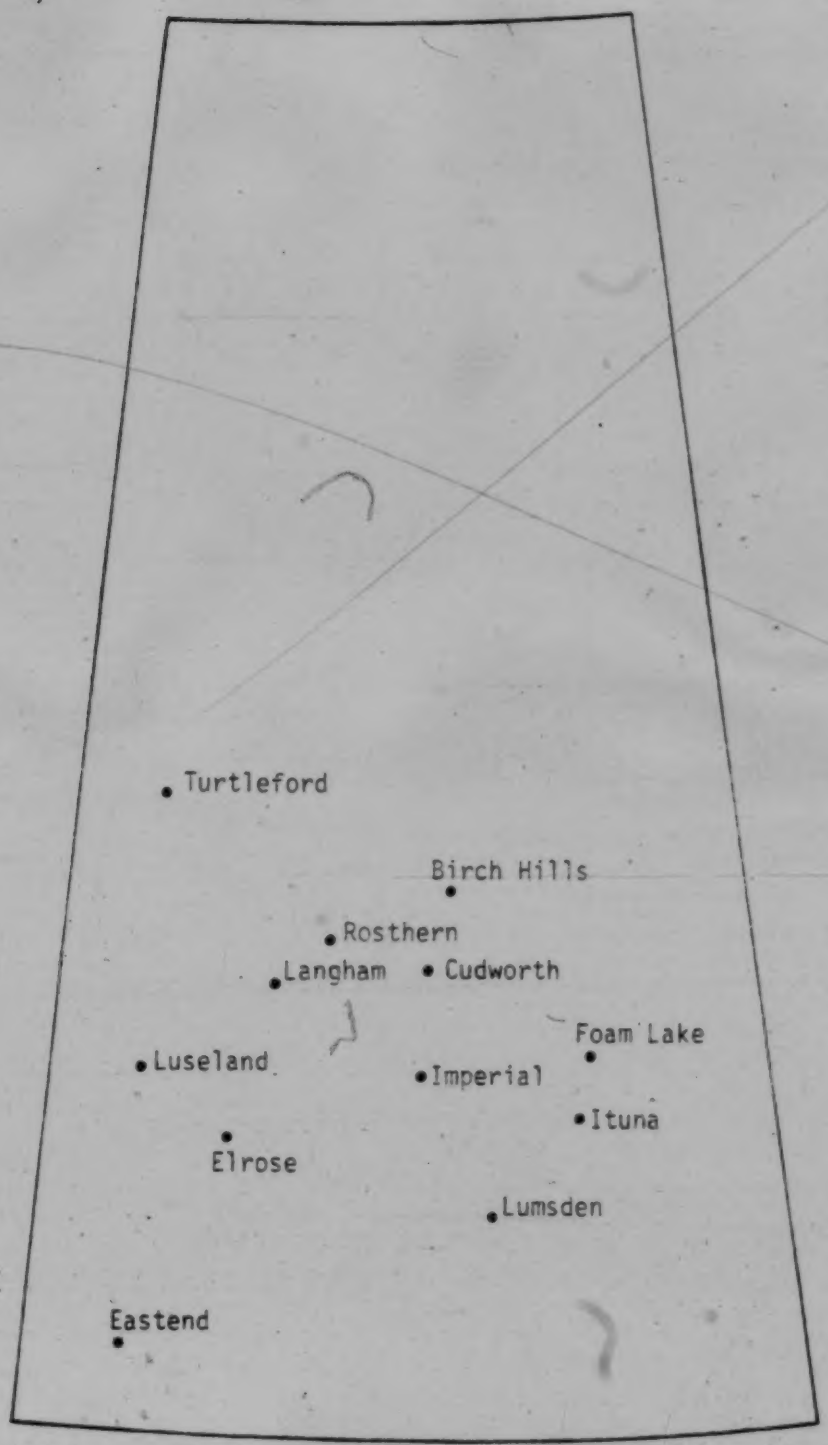


TABLE 4.1

SELECTED CHARACTERISTICS AND PRESENT LEVEL OF PHYSICAL SERVICES AVAILABLE IN SAMPLE COMMUNITIES

CHARACTERISTICS*	SMALL COMMUNITY CATEGORY											
	FRINGE COMMUNITIES		RURAL REGIONAL CENTERS		DISTRICT SERVICE TOWNS		HOMETOWNS					
	Langham	Lumsden	Foam Lake	Rosthern	Birch Hills	Ituna	Cudworth	Eastend	Elrose	Imperial	Luseland	Turtleford
1981 Population	1,745	1,287	1,498	1,608	1,027	896	948	774	672	511	673	518
Net Population Change 1971-1981 (%)	+163.6	+42.2	+14.2	+10.0	+58.0	-2.2	+14.6	-1.7	+3.1	-15.5	-6.8	+15.1
Distance to Nearest City (km.)	29	31	92	58	42	53	91	122	84	160	123	92
Distance to Nearest Larger*1 Community (km.)	29	31	50	40	42	51	16	31	33	40	24	29
Total Assessment (100% in 1981) ($ rounded)	1,705,400	1,911,220	5,984,300	3,812,000	1,816,305	3,077,380	1,884,130	1,641,600	2,297,310	1,659,310	2,453,650	907,269
Value of Construction 1981 ($ rounded):												
Number Housing Permits Issues	6	6	8	18	1	18	4	2	3	0	7	8
Residential Construction	301,500	286,000	412,000	345,000	50,000	565,000	250,000	416,650	73,510	8,000	402,000	358,500
Commercial Construction	21,500	230,000	160,000	100,000	30,000	190,000	110,000	-	2,440	-	185,000	-
Government & Institutional Construction	-	-	-	50,000	250,000	-	-	-	-	-	-	-
TOTAL	323,000	516,000	572,000	495,000	330,000	755,000	360,000	416,650	75,950	8,000	587,000	358,500
Tax Rates												
Municipal Tax (mills)	45	52	49	102	80	41	78	82	32	35	52	70
School Tax (mills)	90	88	50.05	98	85	44	78	78	44	54	54.5	89
Size of Business Sector (No. of Commercial/ Retail/Service/Professional Outlets)	31	45	74	74	46	46	38	33	36	20	27	25
Housing (1981)												
Number of Residential Dwellings	380	350	632	550	325	380	692	350	230	215	245	178
Low Income Housing (# of units available)	-	Yes*1	8	11	12	10	24	9	Yes	12*1	7	25*1
Middle Income Housing	-	-	-	-	-	-	-	-	Yes	-	-	-
Specialized Housing for Senior Citizens: Apts.*1, Lodge, Some detached, single-family (provisional)	No	Yes	Yes	Yes	Yes	Yes	Yes	-	-	Yes*2	-	Yes
Physical Services												
Water Source	Wells(2)	Well	Wells(2)	Springs	Reservoir	Wells	Well	River**	Well	Dugout	Spring	River
Capacity (gallons/day)	150,000	?	150,000	150,000	?	150,000	155,000	unlimited	unlimited	unlimited	unlimited	unlimited
Sewerage System	lagoon	lagoon	lagoon	lagoon	lagoon	lagoon	lagoon	lagoon	lagoon	lagoon	lagoon	lagoon
Capacity (No. of cells)	2	1	?	1	1	2	2	2	2	1	3	2
Streets (% hardsurfaced/paved)*2	60	10	80	65	10	70	40	15	90	10	+1	30%
Sidewalks (% community serviced)*3	95	20	40	45	20	10	85	15		10	75%	25%
Streetlighting (% community serviced)	100	100	100	100	100	100	100	100	100	100	100	100
Garbage Removal (pick-up per week):												
Residential	1	1	1	1	1	1	1	1	1	1	1	1
Commercial	1	1	2	2	1	1	1	1	1	1	1	1

* Sources of statistical data include Saskatchewan Dept. of Urban Affairs "Community Profiles", Town records, discussion with community administrative officials and the Dun and Bradstreet "Reference Book, 1981".

*1 In this case, "larger" would be determined by population size.

*2 Estimated through observation.

*3 Estimated through observation.

** A well was dug in 1972, but water was unsafe for consumption.

*5 Main street only.

*1 Rented exclusively to Senior Citizens.

*2 Twenty-two units are low income lodge-type accomodations rented primarily to Senior Citizens, but open to other residents if space available.

? Unknown.

TABLE 4.2

OTHER COMMUNITY SERVICES AVAILABLE IN SAMPLE COMMUNITIES

COMMUNITY SERVICES	SMALL COMMUNITY CATEGORY											
	FRINGE COMMUNITIES		RURAL REGIONAL CENTERS		DISTRICT SERVICE TOWNS		HOMETOWNS					
	Langham	Lumsden	Foam Lake	Rosthern	Birch Hills	Ituna	Cudworth	Eastend	Elrose	Imperial	Luseland	Turtleford
Cultural-Education												
Public library	•	•	•	•	•	•	•	•	•	•	•	•
Museum of local history			•	•		•		•				
Cultural arts programs	•	•	•	•	•	•	•	•	•	•	•	•
Kindergarten	•	•	•	•	•	•	•	•	•	•	•	•
Elementary school	•	•	•	•	•	•	•	•		•	•	•
High school	•	•	•	•	•	•	•	•	•	•	•	•
Adult formal education	•	•	•	•	•	•	•	•		•	•	•
Adult non-formal education	•	•	•	•	•	•	•	•	•	•	•	•
Special educational programs		•			•		•				•	
Senior citizen social centre	•	•	•	•	•	•	•	•	•	•	•	•
Recreation												
Curling												
Skating rink	•	•	•	•	•	•	•		•		•	•
Enclosed recreation centre	•	•	•	•	•		•	•	•	•	•	•
Sports field			•						•			
Golf course	•	•	•	•	•	•	•	•	•	•	•	•
Swimming pool			•	•		1	•	•	•		•	•
Children's playground			•	•		1	•	•	•		•	
Picnic park	•	•	•	•	•	•	•	•	•	•	•	•
Tennis courts		•	•	•	•	•	•	•	•	•	•	
Community recreation Director		•	•	•	•		•	•		•		
			•	•	•		•		•			
Health and Social Services												
Medical clinic/Doctor's office			•	•	•	•	•	•	•	•	2	•
Hospital			•	•	•	•	•	•	•	•		•
Nursing home			•	•		•	•		•			
Social worker office	•		•	•								
Mental health services	-	-	-	-	-	-	-	-	-	-	-	-
Drug abuse services	-	-	-	-	-	-	-	-	-	-	-	-
Alcohol abuse services	-	-	•	•	-	•	•	•		-	•	•
Family planning	-	-	-	-	-	-	-	-	-	-	-	-
Family counselling	-	-	-	-	-	-	-	-	-	-	-	-
Child protection services	-	-	-	-	-	-	-	-	-	-	-	-
Children's daycare		•										
Services for handicapped adults			•	•		•	•		•			
Services for handicapped children			•	•			•		•			
At-home aid to senior citizens	•	•	•	•		•	•	•	•	•	•	•
Senior citizens' housing	•	•	•	•	•	•	•	•		•		•
Protective Services												
RCMP detachment	•	•	•	•	•	•		•		•		•
Municipal police force							•				•	
Firefighting protection	•	•	•	•	•	•	•	•	•	•	•	•
Ambulance			•	•		•	•	•	•	•	•	•

• indicates that that service is present in the community.
- indicates service is not formally provided, but available on request or through referral.
1 indicates available at nearby Regional Park.
2 indicates clinic exists, but no doctor in community at this time.

nearby city of Saskatoon, with a small additional proportion being rural farm retirees. The year 1975 saw 68 home starts in Langham, the greatest residential growth ever experienced by the community in a single year. Growth levels tapered off in subsequent years, with only 6 home starts in 1982.

While the influx of residents had significant impact on the community service sector, particularly in the demand for expanded and improved physical services -- streets, sidewalks, water and sewer, etc... little impact was felt in the local commercial sector. The economic base of Langham is relatively undiversified, still focused primarily at servicing the surrounding agricultural community. The business sector is composed of some 30 commercial and retail outlets, the largest employer being an automobile dealership with a staff of 12 persons. It is estimated that at least two-thirds of Langham's employed population commute to jobs based in Saskatoon.

2. *Lumsden:* Happy Hollow was the original name of this community, changed to Lumsden in 1970 to honor Hugh D. Lumsden, who was the supervising engineer for the Qu'Appelle, Long Lake and Saskatchewan Railway and Steamboat Company. Located some 31 km. northwest of Regina, Lumsden is "nestled in the picturesque Qu'Appelle River Valley between the confluences of Wascana and Boggy Creeks". This location, while aesthetically pleasing, has proved to be a significant constraint to the community's physical expansion. Because of flood risks, the Saskatchewan Department of the Environment, prohibits the community from expanding on to the flood plain. To accomodate the influx of new residents experienced during the 1970s, the town was forced to expand upward along the slope of the valley, with homes being built into the hillsides. This has created a number of problems for the provision of physical services, particularly street maintenance and snow removal. Also, because of the flood risk, a significant portion of municipal taxes are channelled each year into the construction and maintenance of dykes.

Lumsden realized a population increase of slightly over 42 percent between 1971 and 1981, the greatest increase being among residents of 20 - 39 years of age. A large

proportion of the in-migrants were residents of Regina prior to their relocation to Lumsden. The factor one is most struck by in Lumsden is an aura of affluence in its residential sector. Large, expensive houses are situated on large, well manicured lots, with a number of yards containing private swimming pools. Driveways contain late model automobiles (often in multiple quantities), mobile homes and recreational vehicles.

Typically, the commercial sector of the community has not experienced significant growth. Basic consumer goods and services are available but the sector is relatively unspecialized and undiversified. Although the local Chamber of Commerce has tried to recuit new businesses into the community, they have been unsuccessful, due largely to spatial proximity to Regina.

3. *General Overview:* Lumsden and Langham share many characteristics in their recent developmental experiences, demands for service improvements and initiated responses to those demands. Both communities had experienced significant levels of population growth during the 1971 - 1981 period. Although the effects of increased demand have been experienced in all community service sub-sectors, both communities chose to concentrate on improvement/expansion of physical services. Both are limited with respect to availability of recreational and medical care services, particularly relative to other small community types. However, residents have much readier access to highly specialized and sophisticated services found in the nearby city than do their counterparts in other small communities. Both communities have comparatively underdeveloped commercial/retail sectors but neither has undertaken a deliberate effort to expand or diversify existing consumer opportunities in the face of competition from nearby larger cities.

4. *Community Services*

   a. *Cultural*[130] *and Educational Services:* Langham and Lumsden each have an elementary and high school, both of which provide instruction to local children and to those bused in from rural areas. The Lumsden school system boasts a special

---

[130] The phrase 'cultural services' as it is used in this thesis includes creative, performing and cultural arts.

educational program designed for youth from underprivileged backgrounds who have difficulty coping with the regular academic curriculum. Participants spend equal amounts of time attending regular, formal classes and working in job placements in local businesses. In this way they can acquire employment skills and experience which may assist them in future job markets. The program has been in operation for three years, with 15 students involved at the time of this survey. No other type of specialized educational programs are available in either center. The Saskatchewan Regional Community College caters to the formal and nonformal educational needs of adult residents by sponsoring requested programs in both communities. In addition to the school library facilities available to children, the Saskatchewan Regional Library System services both centers, through a permanent facility in Lumsden, and a visiting mobile unit in Langham. Senior citizens social centers exist in both communities. Various forms of cultural service programs -- music and dance lessons, art classes, etc. are present in both centers.

b. *Physical Services:* Both communities have been strained in adequately responding to demands for expanded and improved physical services, due largely to a large and relatively rapid increase in population. Lumsden has experienced difficulty particularly with street construction and maintenance. Approximaty 10 percent of the streets in the community, including the main street, are hardsurfaced. Snow clearing and removal also are problematic in the newer, upward sloping residential areas. Langham has fared somewhat better. Approximately 60 to 65 percent of streets in this community are hardsurfaced. Approximately 20 percent of Lumsden is serviced by sidewalks, compared to almost complete provision in Lumsden. Street lighting is complete in both communities. Both rely on wells as a source of drinking and utility water; lagoon-type sewerage systems service both communities. The Town provides garbage removal services in each center.

A plebiscite was held in Lumsden shortly prior to this study in which homeowners residing along specific streets were asked to vote on whether they wanted their respective front streets paved. In cases where the majority vote favored street improvement, the frontage tax assessed homeowners on those streets was increased to generate the funds required to pay for that improvement. In most cases, however, the majority vote was opposed to such an expenditure.

c. *Health and Social Services:* Both Fringe communities were relatively unserviced in this area from the standpoint of not having related facilities and personnel locally based. Residents are required to rely almost exclusively on the nearby city for medical care. Neither center contains either a hospital, nursing home or medical clinic. However, in each, a general practitioner, whose main practice is located in the city, provides after hours emergency medical care in his home. Both communities are visited on a weekly basis by a public health nurse and a Department of Social Services' social worker. In Langham, a VON (Victorian Order of Nurses) worker provides at-home nursing care to local residents. Specialized housing and residential accommodation for senior citizens are available in both communities. This is through a privately owned senior citizens' lodge in Langham and in Lumsden, in the form of community owned apartment and lodge facilities. Finally, in Lumsden, residents may access the services of a privately-run children's daycare center.

d. *Recreation:* Facilities for ice sports are well provided in both of the Fringe communities, each having indoor curling and skating rinks. School gymnasiums are available for use by residents during non school hours; however, these periods appear somewhat limited. Summer field sports are accommodated in both communities but neither has a public swimming pool. In Lumsden, however, a number of residents have made their private pools available for the provision of swimming lessons to children. Lumsden has also constructed a public tennis court. Organized recreational activities for all age groups and sexes are ongoing in each community.

e. *Protective Services:* No locally-based ambulance services exist in either of these centers. When required, ambulances must be dispatched from the nearby city. Both communities are equipped to respond to fire-emergency situations. RCMP detachments are based in both centres.

B. Rural Regional Centres

1. *Foam Lake:* The name Foam Lake is believed to have been conceived by Joshua Milligan, the first white settler in the area, from his observation of the foam which formed along the edges of a body of water northwest of the present townsite.

Situated almost 90 km from the nearest city, Foam Lake is the center of a large mixed farming region. Its commercial/retail sector of 74 business and service outlets, is aimed not only at meeting the industrial needs of that population, but at providing a diversified range of commercial, retail and professional goods and services to local and area consumers. The local Chamber of Commerce is actively recruiting new businesses and professionals into the community and is particularly seeking to attract manufacturing or industrial firms which would create additional employment opportunities for local residents. Part of this overall growth strategy has been to make the community more appealing to prospective newcomers, particularly through the upgrading or introduction of community services. Emphasis has been placed on recreational services, health care and on the care of senior citizens.

Over the 1971-1981 period, Foam Lake experienced a moderate but steady growth of its population; a net increase of just over 14 percent. The greatest proportion of in-migrants were 60 years of age or older, and were primarily rural farm retirees. While the number of entrepreneurial in-migrants has increased in number in recent years, they are still a proportional minority.

2. *Rosthern:* While there is no verified origin for the naming of this community, it is alleged that when the railway was being constructed from Regina to Prince Albert in the

late 1880's, a man by the name of Ross was drowned in the creek which flows through what is the present town site. At that time, the railway stopping point was called Rossterne; terne being an Old English term meaning "a pool". Through spelling errors, it is believed, the name was changed to Rosthern.

Rosthern is located in central Saskatchewan, only a few kilometers west of the site of the Battle of Batoche which, in 1885, ended the Riel Rebellion. It is the commercial and retail focal point of a large mixed farming community, with over 75 outlets in its business sector. Rosthern also functions as a central health care place for the same trading area, providing the facilities and services of a 42 bed hospital, 2 nursing homes, and a medical clinic staffed by 5 resident physicians.

In a move to broaden its economic base, the community has become involved in a Community Economic Development Pilot Project, sponsored by the Government of Saskatchewan Dept. of Industry and Commerce. The objective of this project is, with Government assistance, to identify commercial, retail and professional opportunities within the community and then to actively promote these opportunities in an attempt to recruite prospective professionals and entrepreneurs. Rosthern also stands to realize significant indirect benefits, both short and long term, from a planned $11 million heritage development project involving the Riel Rebellion site. Economic development is regarded by the local administration,[131] as the principle means by which the community can maintain its social and physical viability while maximizing QOL. At the time of this survey, the residents of Rosthern were assessed the highest municipal and school tax rates of all the sampled small communities.

Rosthern experienced a 10 percent increase in population over the 1971 to 1981 period, raising the total to 1608 persons. More than one-half of this increase was absorbed in the '60 years of age or older' resident category. Almost one-third of Rosthern's residents were contained in this category.

---

[131] Learned through conversation with Mayor Larry Wendland.

3. *General Overview:* Relative to other small community categories, rural regional centers were more deeply engrossed in multisectoral, comprehensive development. Expansion of the local economic base, particularly in a form which generates employment opportunities, is of central concern in both sample communities, and both are actively recruiting prospective entrepreneurs. The availability of a rich roster of community services is considered to be a factor of significant influence in the locational decisions made by these sought-after firms and businesses. Both centers are also undertaking beautification projects, to improve their physical and aesthetic appearance to prospective in-migrants.

In-migration has catalyzed considerable developmental activity in the physical services sector of both communities. This has included land annexation, residential lot servicing, expansion of water supply and sewer system capacity, as well as street and sidewalk construction.

4. *Community Services:*

a. *Cultural and Educational Services:* A broad range of cultural and educational services are available in both sample communities. Public libraries, operating within the Saskatchewan Regional Library System, serve residents in both centers. These supplement the library facilities and reading programs provided to school aged youth in the local schools. Both centers have developed Heritage Museums, housing historical and cultural artifacts donated by area residents.

Relative to other small community categories, a greater number and diversity of cultural and non-formal education programs and organizations are found in rural regional centres. Population size likely accounts at least in part for this discrepancy. The community of Foam Lake is somewhat unique in that a building which once housed an elementary school has been redeveloped into a Community Cultural Centre, and which includes a music and dance school and club room facilities for a number of youth groups such as Brownies, Girl Guides and Boy Scouts anong other community organizations. Formal education is available in both communities from Kindergarten

through grade twelve. School facilities are comprehensive including gymnasia, and classrooms equipped to provide technical and commercial training courses. Students identified as slow learners may access specialized instructional programs in Rosthern schools. Mentally handicapped children residing in Foam Lake are bussed to the community of Wynyard, a distance of approximately 50 km. where special education facilities and programs are found.

Adult education needs, both formal and non formal, are addressed by the Saskatchewan Regional Community College System. Courses, which are designed and delivered in response to resident interest, have ranged from university credit courses to technical courses to those of a general interest nature.

Senior citizens are able to enjoy and develop the cultural and social environment of a New Horizons Club facility in both communities.

b. *Physical Services:* As a result of significant residential in-migration, over the last decade, both rural regional communities experienced strains in their physical service sector. Foam Lake, in general, had responded, or been forced to respond, earlier than Rosthern, and as a result, has completed a number of service expansions and improvements which Rosthern is currently addressing. Water supply and sewage disposal system expansion projects have recently been completed in Foam Lake, and according to town administrators,[132] will adequately meet expected community requirements for the foreseeable future. Rosthern, on the other hand, can only accommodate an increase in demand equivalent to approximately 50 households before existing water supplies become inadequate.[133]

Street paving is not complete in either center, particularly in the more recently developed residential areas. At present, approximately 80 percent of streets in Foam Lake have been oiled or hardsurfaced. This service is approximately 65 percent complete in Rosthern. In comparison to the other sample communities however, these

---

[132] Personal interview with town clerk.
[133] Personal interview with Mayor Larry Wendland.

centres are far ahead in achieving universal provision of this service. The construction of curbs and sidewalks, however, has received less provisional attention, falling at below 50 percent completion in each center. Street lighting, on the other hand, is comprehensive throughout both centers as is garbage collection, snow removal and various community maintenance services.

While neither community has a Town Hall, both have allocated funds for the construction of such a facility in their development plans over the next five year period.

c. *Health and Social Services:* Reflective of the central place function fulfilled by both these rural regional centers, it is not unusual that they contain a broad range of medical services. In Rosthern, for example, one finds a 42-bed hospital, two nursing homes which provide a combined total of 110 beds, and a medical clinic staffed by a team of 5 physicians. Foam Lake has an 18-bed hospital (opened in 1981), a 44-bed nursing home and a medical clinic staffed by two physicians. Both hospitals undertake emergency care, minor surgery, obstetrics and general recuperative and hospital-care services.

Department of Public Health offices, staffed by Public Health Nurses, are based in both communities. Both communities are visited on a bi-weekly basis by a Social Worker employed by the Saskatchewan Dept. of Social Services. With the exception of alcohol abuse programs (Alcoholics Anonymous), specialized social services such as child protection services, drug abuse services etc., are available only through referral by the public health nurse or Social Worker and must be obtained outside of the local community. The exception, again, was the presence of an alcohol abuse program -- Alcoholics Anonymous -- in both communities. Foam Lake is also within the service area of a Mental Health Counsellor, who is based in the nearby community of Wynyard. Senior citizens in both centers are able to take advantage of a home visit program which provides assistance with home maintenance,

housekeeping, home nursing and meal preparation (Meals-on-Wheels). Low- rental housing, intended solely for occupancy by senior citizens is available in both centres. At the time of this survey Rosthern had 96 such residential units (duplexes, lodge housing, semidetached housing, etc.) with the construction of additional accommodation planned. Foam Lake offered 32 such housing units.

d. *Recreation:* The range of recreational services available in these rural regional centers is quite impressive. Both communities are located less than 20 km from a regional park and add camping, fishing, golf and related outdoor opportunities to their roster of recreation services.

The recreational complex which incorporates a number of individual sports facilities (i.e., courts, rinks, etc.) within a single physical structure is becoming increasingly common in Saskatchewan communities. Their particular advantage is lower construction and maintenance costs relative to that required for the provision of separate and independently operating facilities. Foam Lake has already completed the construction of such a complex. It includes a curling rink, skating rink and an artificial ice plant. The concrete floor of the skating rink is used for court sports, roller skating, dances and other activities during the summer. A shooting range and meeting areas are also incorporated in the complex design. Rosthern, while not so advanced in its activities, also has the development of recreational complex as one of its service provision goals. At the time of this survey, the community was actively raising funds for the construction of a new curling rink, which would be linked structurally to the existing skating rink. An artificial ice plant was also being installed in the skating rink. Both sample communities have out-door public swimming pools. Due to increasing maintenance costs, Rosthern plans to eventually replace the existing pool with an indoor facility as part of the proposed recreational complex. Formal activity toward this end has not yet begun. Finally, qualified recreational directors were employed by both communities to organize, promote and deliver recreational

programs.

Significant emphasis has been placed on the provision of recreational services in both communities. In Rosthern, for example, Mayor Wendland estimated that approximately 25 per cent of the municipal budget is annually spent on recreation services. The experience of Foam Lake is similar. The basis for this emphasis extends beyond providing services to current residents. Rather, as discussed above recreational services are regarded as a significant "drawing card" in attracting new residents, most desireably entrepreneurs and industrialists, to the community. This was central to the developmental objectives of both centers.

e. *Protective Services:* Rosthern and Foam Lake each serve as a protective service resource base for surrounding rural and small communities. RCMP detachments are stationed in both centers, with six officers serving Foam Lake and district and eleven policing Rosthern and area. Volunteer fire brigades operate the 2 fire trucks and firefighting equipment which are based in each community, and which respond to local and area emergencies as well as those occurring in the surrounding rural municipalities. A fully equipped ambulance, staffed by trained volunteers, is based at the hospital in both centers.

C. District Service Towns

1. *Birch Hills:* The town of Birch Hills received its name from a range of hills located east and west of the town site, on which there are groves of birch trees. From a functional perspective, the community has a dualistic nature. It is an agricultural service center, primarily serving as a grain delivery depot with a strong farm implement sales/service component. In recent years, it has also become, to some degree, a dormitory for the city of Prince Albert which is located some 45 km. to the northwest. It is agriculture, however, which is central to the community's overall economic and social stability. Although the community did attempt to expand its commercial sector, which included 46 commercial and

retail outlets in 1982, it was unsuccessful, due largely to the proximity of Prince Albert. A community-owned shopping mini-mall, which was constructed several years earlier as part of this effort was vacant at the time this survey was conducted.

Birch Hills experienced a population increase of almost 60 percent between 1971 and 1981, due largely to an influx of urban out-migrants, many of them young families or rural farm retirees. During the 5 year period at which in-migration was at its height, over 100 new homes were built in the community. Expecting the high demand for residential property to continue, the community, in 1981, completed servicing of a 25 lot parcel of land.. By that time, however, the metro to non metropolitan movement of the population had fallen off sharply. Twenty-four of these lots remained unpurchased at the time this survey was conducted.

An interesting note: a demographic projection was made in 1967[134] which focused on Birch Hills' future needs for formal educational facilities. It was projected that from the 22 classrooms required in 1967, enrollment would decrease to a size which, in 1977, would require only 8 classrooms. At the time this survey was conducted, 18 classrooms were in operation in the Birch Hills comprehensive school system. Clearly, those persons who had performed this projection failed to forsee the emergance of Birch Hills as a dormitory community, and the concommitant population growth.

2. *Ituna:* The community of Ituna was named by an official of the CNR who was obviously familiar with this Celtic name , used by Rudyard Kipling in one of his novels, for the Solway Firth. Far removed from Celtic England, Ituna is an agricultural service center located approximately 50 km northwest of the City of Melville, in the southeastern part of Saskatchewan.

Ituna enjoyed a relatively consistent and solid economic and social climate during the 1971-1981 decade, experiencing a slight (2 percent) population decrease during that period. Despite this overall stability, however, significant internal population changes did

---

[134] Source: Interview with Mayor Dale Mohn.

occur. Most notable was a 30 percent proportional decrease of residents who were less than twenty years of age and almost a 50 percent increase among those 50 years of age or older. Overall community residential growth is further reflected in the fact that Ituna realized 18 housing starts in 1982. The commercial and business sector, geared primarily toward the provision of general, non-specialized goods and services, has also remained relatively constant, numbering at 46 outlets in 1981.

3. *General Overview:*

While enhancement of the community service sector is being pursued in both district service towns, the ultimate objective of this activity is improvement of QOL, rather than serving as part of a broader community promotional/growth effort. The commercial/retail sector of both centers is geared primarily to serving the surrounding agricultural community. While diversifying and expanding the size of the local business sector is viewed positively by the elected administration of both district service towns, neither community was actively recruiting entrepreneurs. In general, while commercial/retail sectoral growth was considered desirable, no formal process for pursuing that end had been initiated, or planned.

In terms of population dynamics, the two sub-sample communities experienced dissimilar development during the 1971-1981 period. Ituna realized a net population decrease of slightly more than two percent during this period while Birch Hills grew by almost sixty percent. Precipitating this dissimilarity was the dormitory function acquired by Birch Hills during the decade.

Relative to the communites surveyed, district service towns are located nearer to a City than are rural regional centers or home towns. The average distance was 48 km, as opposed to 75 km and 112 km, respectively.

a. ***Physical services:*** Improvement and expansion of physical services were made necessary by residential in-migration in both communities. Expansion of water supplies and sewer system capacity were dictated, directly or indirectly, by this factor.

Both communities were obliged to annex land in response to a high demand for residential lots. Street paving was incomplete in both communities. Ituna, however, far surpassed Birch Hills in this area, having more than two-thirds of its streets already hardsurfaced compared to approximately ten percent in Birch Hills. Newly developed residential areas were particularly afflicted by poor street conditions -- potholes, insufficient gravel, etc. Sidewalks were practically nonexistent outside the central business areas in both communities, and with no plans for significant expansion in the foreseeable future. It was the opinion of one elected community official that the absence of sidewalks contributed to a more aesthetically appealing small community.

b. *Cultural and Educational Services:* The formal and non-formal educational needs of both youth and adults are addressed in both sub-sample communities. A kindergarten to grade 12 school system provides educational instruction to local and rural area students while the Saskatchewan Regional Community College responds to the educational requests of the adult population. A number of cultural organizations are present in both communities, and they sponsor a variety of local activities. Cultural awareness among residents is more visible in Ituna where there is a greater degree of ethnic homogenity within the population. A museum of local history, its collection composed of articles donated by local residents and organizations, was opened in 1976 and is in the process of expanding into a new facility -- an old brick school which the town has purchased as an historic property.

c. *Recreational Services:* The range of recreational services available in district service towns is less diverse than in rural regional centres but has by no means been overlooked A modern skating and curling rink are present in both sub-sample communities and both have developed a summer sports field. Residents of Birch Hills utilize the town hall as a place for community (non-school related) recreation activities while an agreement between the Town and the local School Board allows the

residents of Ituna access to the school gymnasium and sports equipment when these are not required for school activities. Neither community employs a recreational director. The number and range of organized recreational activities, especially for adults and senior citizens , is below that enjoyed in rural regional centres. Ituna is located near a regional park. This enables residents to use camping facilities and a swimming pool located there. Birch Hills has no public swimming pool.

d. *Health and Social Services:* A medical clinic and hospital exist in both district service towns. One physician attends to the needs of residents in each case. Hospital services are not specialized and no surgery is performed in either center. Medical cases requiring more than minor treatment or recuperative care are usually referred or transferred to hospitals in larger communities. More so in Birch Hills, hospital beds are often occupied by non-ambulatory senior citizens who require advanced levels of nursing care. Unlike Ituna, Birch Hills has no nursing home. However, having recognized a need for this service the community has undertaken fund-raising activities in an attempt to generate the finances required to construct and maintain such a facility.

A Public Health Nurse visits each community on a weekly basis, and holds regular office hours. Residents must travel outside the community, however, to see a Social Worker and access most social services. The single exception is in the case of Ituna, where an Alcoholics Anonymous program has been established. A home-visit program has also been established in Ituna . A van, specially equipped to transport handicapped passengers, has been acquired by the Town of Ituna and is available to residents in need of such assistance.

e. *Protective Services:* RCMP detachments are located in both sample communities. As well, each was equipped with two fire trucks and essential equipment to provide fire protection services to local and rural area residents. While Ituna had an ambulance which staffed by trained volunteers, based in the community, the residents

of Birch Hills summon ambulance services from Prince Albert.

D. Home Towns

1. *Cudworth:* In 1911, the Grand Trunk Pacific railroad undertook the construction of new rail line south from Prince Albert to Watrous. Along this line, a community developed, named to perpetuate the memory of Ralph Cudworth (1617-1688), a philosopher who was a strong opponent of the atheistic tendencies of the 17th century. Similar to most of the surveyed communities, Cudworth is primarily an agricultural service center, although its business sector of 28 commercial, retail and professional outlets is the most diversified among the sub-sample hometowns. At the time of this study existing businesses included a coin laundry/drycleaning establishment, a flower and gift store, a retail furniture store and a clothing shop which specialized in blue jeans and tee shirt items. While the community has zoned a 15 acre land parcel as an industrial park, no intensive effort to attract that type of economic development or any other business growth was being undertaken at that time.

   A moderate level of population growth was experienced by the community between 1971 and 1981, with totals increasing from 827 to 948 persons. Cudworth has prepared for a continuation in the level of demand for residential property, having 25 fully serviced lots available, with an additional 25 acres of land identified for development as required. The physical service sector has been concomitantly developed to support residential and industrial expansion as required.

2. *Eastend:* In 1876, the North West Mounted Police stationed a detachment in a coulee 2 km north of the present Town site and named it Eastend as it was located at the east end of the Cyprus Hills. With the coming of the CPR, this coulee was found to be strategically inappropriate, and the detachment moved to the location which is the present location. Permanent settlers arrived in 1895. The town is located in the extreme south-central region of Saskatchewan, approximately 31 km west of the rural regional

community of Shaunovan.

Eastend did not experience significant growth or development between 1971 and 1981. Population totals remained almost constant over that period, declining by 1.7 percent to 774 residents in 1981. Little residential growth/development had been realized in the ten year period preceeding this study.

The local commercial/retail sector is relatively small and non-diversified and includes some 30 business and service outlets. Residents generally complete the majority of their consumer purchases outside of the community.

3. *Elrose:* Between 1902 and 1912, when settlement of the area was at its height, this town was known as Laberge, so named in honor of a local pioneer. At a community meeting in 1913, Louis Chirhort, a contractor, suggested the name be changed to Elrose, a suggestion favored by the majority of residents in attendance at the meeting. His reason for proposing this name is not known, although it has been suggested that it was named after a community in the United States.

Elrose is located 33 km southwest of the rural regional center of Rosetown. Its population remained fairly constant between 1971 and 1981, increasing by 3.1 percent to a total of 672. The community is characterized by a small and undiversified business sector, which includes only 31 commercial/retail establishments. Locational proximity to Rosetown and the city of Swift Current, located 84 km south of Elrose, will likely prevent any significant growth of the local economic base in the foreseeable future. While the local administration would welcome new entrepreneurs and business professionals to the community, it is not actively pursuing such growth and will not grant tax credits as incentives to prospective commercial in-migrants.[135] Residential development over the past several years has been significant with approximately 35 percent of the homes in the community being less than 10 years old.

---

[135] Interview with Mayor P. Mills.

Elrose's overwhelming strength and the factor underlying its viability are its community services, especially recreation, medical care and physical services. Of particular interest is a recreational complex which houses a curling rink, skating rink, indoor swimming pool and a community hall area. This structure is located next to the school, and supplements the gymnasium, sports field and sports equipment available there. Also worthy of note is a recently constructed 7-bed hospital (completed in 1978) which was structurally joined to an existing 31-bed nursing home, thus maximizing the use of the staff and equipment necessary to run each of the facilities without duplication. Several hospital beds are allocated to nursing home patients. To further assist elderly and disabled residents, the community , with the assistance of the Provincial Government, has purchased a specially equipped 'handibus' to transport these residents to social outings and other community events.

The availability of these and other services in a community of 672 persons, and which has lowest municipal and school tax rates of all sample small communities, is quite impressive. As evidence of its remarkably successful development, all internally sponsored and managed, Elrose was recently the subject of a University of Saskatchewan, Dept. of Extension videotape production, examining the community and its achievements.

4. *Imperial:* Many of the original settlers in the area surrounding this community were of British origin, and it is apparent that some loyal subject of the "Imperial" majestry named this town and had a hand in laying out the townsite. The main street is named Royal. On either side is King Street and Queen Street. The next two to the outside are Prince and Princess and on the perimeter of the town, on either side are Duke Street and Dutchess Street.

With a population of 511 residents, Imperial is the smallest of the surveyed small communities. It experienced almost a 16 percent population decrease between 1971 and 1981, due in part to out-migration of younger residents upon completion of their secondary education.

The local residential sector had remained almost static during the 10 year period which preceded this study. Fewer than 20 percent of homes in the community were less than 20 years old.[136] The local business sector, comprised of 20 retail and commercial outlets, is undiversified, providing basic goods and services. Its primary focus is serving the industrial needs of the surrounding agricultural community. The majority of consumer purchases are made in the nearby rural regional center of Watrous, located some 40 km north, or in Saskatoon or Regina, both approximately 160 km from the community. Imperial's most recent service development/improvement activities have involved street and water main improvements and the construction of a new public library.

5. *Luseland:* Luseland derived its name from the Luse Land Development Company which was instrumental in bringing settlers to the district. The company was headed by John Luse and his son. While it was headquartered in St. Paul, Minnesota, many of the settlers attracted by the Company were from Nebraska and Indiana.

Luseland is an agricultural service community located 24 km. north-west of the rural regional center of Kerrobert and 120 km southwest of the city of North Battleford, on the fringe of an area which may be referred to as Saskatchewan's oil patch.[137] Population statistics reveal an overall population decrease of 6 percent during the 1971 to 1981 period. The local residential sector has experienced moderate development during this same period, with 7 housing starts in 1981. While the local business sector of 27 establishments is primarily agri-industry focused, a number of specialized outlets such as a jewellery store and furniture store are present. Luseland lacks several important health care services, having neither a hospital nor a nursing home nor a physician practising in the community. Although residents desire an improvement of local health services[138], it is largely the community's proximity to Kerrobert which will inhibit its ability to receive the necessary financial support of the Provincial government. The most immediately planned

---

[136] Information gained through discussion with Mayor Leonard Hill.
[137] This term is conventionally used in reference to the oil producing region of Alberta.
[138] Personal interview with Mayor Wayne Birn.

community service improvements are in the physical and protective service sectors.

6. *Turtleford:* "A ford is a place where a stream or river can be crossed easily. Usually, the banks are wide, the water is shallow and the bottom is firm." John Bloom, an American, and Frank Webb, a Briton, according to local history, met at such a place on the Turtle river in 1907 and decided to settle down. Using their oxen to break ground, they began farming and during the next few years many more people settled near there. This explanation of the naming of the community which grew amidst this rural settlement was found in the "North Battleford News Optimist" of December 10, 1965.

Moderate population growth of 15 percent was experienced in the community of Turtleford during the 1971 to 1981 period. Increase was general among all age groups.

Turtleford's commercial/retail base is focused upon servicing the encompassing farming community. Composed of 44 retail and service outlets, the community is attempting, through newspaper advertising, to expand its business sector. Industrial development is particulary desired. Twelve industrial lots were pre-serviced in anticipation of an oil industry related boom.[139] but this failed to occur. Only one of these lots had been sold at the time this study was conducted. Development of the community services sector was also undertaken in expectation of residential growth, which has to a moderate degree been realized. Recent service improvement activities have included the digging of a new water reservoir and additional sewage lagoon cell. Improvement of physical services dominates plans for subsequent local service enhancement, including street paving, sidewalk construction and the building of a new waste disposal site.

Turtleford is located approximately 92 km north of the City of North Battleford.

7. *General Overview:*

Few common features exist among the home towns, represented by this research. All were more spatially remote from a city than either rural regional centers or district service towns. The average distance between home Towns and the nearest city was 112 km

---

[139] Like the community of Luseland, Turtleford is also situated on the fringe of the 'oil patch' zone.

compared to 75 km and 48 km respectively. All surveyed home towns are located along major, all purpose highways.

As a rule, sample home towns do not have large or significantly diversified business sectors. These, are, however, primarily geared toward serving the local agricultural community. The business sectors of the sub-sample communities range in size from 20 - 38 retail and commercial outlets, with an overall average of 30 outlets. Activity undertaken with the objective of expanding the local economic sector varied in nature and intensity among the communities. In some cases, an active and concerted effort is being expended toward that end; in others it was less intense, in still others, almost non-existent.

Local population trends during the period 971-1981 also differed among the sample communities. Extreme cases were a net population increases of approximately 14 percent in two communities and a net decrease of 15 per cent in another. Three centres remained relatively stable on this variable. No common denominator characterizes internal population changes except that all sub-sample communities had experienced a proportional decrease in residents who were under twenty years of age. Similarly, all realized an increase in the proportion of residents who were 60 years of age and older.

Home towns vary significantly in the the range and quality of local community services .

a. *Physical Services:* All sample home towns had experienced some residential growth during the 1971 to 1981 period. The degree and intensity of that growth, as well as communities' responses to it, varied. In all cases, due to increased demand, diminished supply/quality or a combination of both factors, communities have undertaken expansion/improvement projects in their physical service sectors. This has been particularly true in the case of water supplies, water mains, and sewage removal systems. At the time this survey was conducted, all communities were either engaged in sector related improvement projects and/or had formally planned for additional/continued activity in the upcoming 5 year period.

Provision of garbage removal services and street lighting is comprehensive in all communities, but the presence of hard surfaced or paved streets and sidewalks varies widely. For example, in Elrose only 10 percent of streets were unpaved at the time of this study. In Luseland, on the other hand, only the Main Street had been hardsurfaced. The remaining communities fell within these extremes in their coverage. Similarly, completed sidewalk construction ranges from 2 percent in Cudworth to 10 percent in Imperial.

b. *Cultural and Educational Services:* The greatest homogeneity among hometowns lay in the availability of cultural and educational services. Formal education facilities and programmes were available for kindergarten through to grade twelve in all communities. The formal and non-formal education needs of adults were addressed by the Saskatchewan Regional Community College in each case. Specialized educational services for children were available in three of the sub-sample communities. Operationally they differed, however, since each focused upon the specific needs of the child(ren) involved. The community of Turtleford, for example, had purchased specialized reading aids to enable a visually handicapped student to remain in the local school system. Educational programs in the remaining two centers were assisting mentally handicapped children and slow learners.

Various cultural and non-formal educational courses and programmes were available to all age groups in these centers. While their nature and diversity varied,no community was totally lacking such services.

New Horizons Clubs had been formed in all surveyed home towns.

c. *Recreational Services:* Each home town has placed an emphasis on the provision of recreation services . Most obvious and universal among these communities are the two "bastions" of rural society -- the ice arena and curling rink. The single exception is one community in which the existing curling rink is being demolished and are funds being raised for the construction of a new facility. All other facilities of this nature

were modern, enclosed structures, recent in their construction or renovation. School gymnasiums were present in all centers. Only one community specifically constructed a facility for court sports for community use. In the other centers school athletic facilities and equipment are shared with the community. Tennis courts are found in three home towns, outdoor swimming pools in two, indoor heated swimming pools in another two. Recreational coordinators are employed in only two of these centers. Few organized activities, especially those for residents whose interests or abilities are in other than ice sports (ie. hockey, skating, curling) are found in many of these centers . The residents of all but one of the surveyed home towns had immediate access to a 9-hole golf course.

With respect to the provision of recreational services, the special case of Elrose has already been discussed. Among remaining communities, none provides so broad and inclusive a range and quality (physical) of recreational services.

d. *Health and Social Services:* Greater discrimination was found among sub-sample communities with respect to local provision of health and social services. A medical clinic or doctor's office is present in each home towns. In one center, at the time this study was conducted, the clinic was closed due to the absence of a practising physician. The doctor who had staffed the clinic had been required to leave following the expiration of his Canadian entry visa. Community leaders were actively recruiting new staff, however. Five communities, excluding that discussed above, have hospitals. Minor surgery is routinely performed in only two of these hospitals. Most concentrate almost exclusively on providing immediate response to emergency medical cases, preparing patients who required to be transported to hospitals outside the community where more specialized care was available, and providing short term 'minor' hospital care and long term care for nonambulatory or semi-ambulatory senior citizens. A key role played by several of these hospitals is that of an overflow facility for the local nursing home, or as a substitute nursing home in communities where that institution

was absent. Three sub-sample communities have nursing homes, all completely occupied, all with long waiting lists.

Public health nurses visit all sample home towns on a regular basis, on specified days and times, enabling appointments to be pre scheduled. Residents are required to travel outside the community in each case to access the services of a Saskatchewan Department of Social Services Social Worker. While reserved accommodation, whether semi-detached homes, apartments or lodge-type, is available in only 4 sub-sample communities, home visit programs are common to all the Hometowns examined in this study. The waiting list for this type of housing is also quite lengthy in these communities. Various services for physically disabled residents are available in home towns; two of these communities have purchased vans specially equipped for disabled passengers. The special case of Elrose, relative to the local availability of medical services, has already been discussed.

e. *Protective services:* Considerable variation characterizes home towns with respect to local availability of police services. Three communities have RCMP detachments based locally. Two rely on municipal police forces. Residents of the remaining center are served by the RCMP detachment based in a nearby rural regional center. All communities own and maintain firefighting equipment and station house facilities. Moreover, all maintain an ambulance service which is staffed by trained volunteers.

E. Summary

The conceptual definition of need established for this study identifies need as the discontinuity between conditions or circumstances as they exist and as they are desired. It was the purpose of this chapter to gain an understanding of the existing situation with respect to availability of community services in small commmunities in Saskatchewan. In short, it seeks to answer the 'what is' component of the definition of need.

Perhaps the most striking generalization which can be drawn from these data is that the residents of small communities in Saskatchewan are far from being non-serviced. In each of the sample communities, significant progress has been made in developing a well-rounded bundle of community services. Differences do exist, however, in the size and complexity of that bundle among individual communities. Considered on the basis of small community categories, home towns were particularly heterogenous in this respect; some having a highly developed community services sector, others being much more basic in their provision.

A tabular summary of the information discussed in the previous pages is presented in Tables 4.1 and 4.2. The most notable and pertinent points which emerge from these data, in terms of the availability of services in small communities, will be discussed below.

1. Recreation services (in terms of sports facilities), protective services, formal education for children, formal and non-formal education for adults, public library services and aid-to-independent living for senior citizens are service areas most universally available in small communities, and at relatively advanced levels. With respect to recreation services, ice-sport facilities are present in all of the sample small communties. These are modern structures, a number with artificial ice-making plants. A sports field (baseball diamond, soccer field, etc.) is also maintained in each community. Only two of the surveyed small communities have constructed (or assigned) a facility intended for public in-door recreation activities. Most rely instead upon using the local school gymnasium and equipment when these are not needed for school-related events. In discussions with residents and service providers, it was learned that school sports schedules frequently did not permit much community use of these facilities. Organized recreation programs, especially for adults are less numerous in communities which do not employ a recreation coordinator. The major observable shortfall in recreation services among these communities would appear to be a failure to maximize the use of existing facilities and in extending participatory activities to all groups in the community (children/adults/senior citizens, males/females).

2. Services intended specifically for senior citizens have been and continue to be emphasized in the service provision priorities of small communities. Given that they tend to serve as retirement centers for area farm residents as well as their own residents, and that the existing small community population is weighted in the upper age categories, it is not suprising that the needs of this age group have been emphasized in service provision. A central thrust has been toward enabling these people to remain resident outside the institutional setting. Various forms of low rental accommodation have been constructed to provide inexpensive housing for the elderly and infirm. The Home Visit program which exists in all but one sample community intends, through the coordination of professionals and community volunteers, to provide assistance to senior citizens with house and yard maintenance, homemaking, nursing care and meal preparation. And in this way enable them to reside on their own and outside of nursing home facilities, particularly in cases where their condition does not require 24-hour-a-day attention. The emergence of these services, and the priority placed on them is perhaps reflective of the changing form of the family as a social institution. As the nuclear family begins to dominate North American society, several important roles and responsibilities which were once the domain of the extended family are now being reassigned. Traditionally, one of these responsibilites has been the care of aging parents. Whereas, formerly, aging parents would have resided with their adult children and cared for by them and their children, this responsibility appears to have been transferred, at least in part, to the community.

These services also relieve some of the pressure placed upon nursing home facilities by long waiting lists of persons who require or desire admission.

A senior citizens social center is also found in each of the survey communities, and these provide residents with a permanent facility for their own use. Several communities have also purchased specially equipped vans which are used largely to transport senior citizens to community functions, thereby enabling them to remain active participants in the community.

3. Health care delivery is within easy access to most of the small communities surveyed. Only three of those sampled do not have a general practitioner with a full-time local practice. In two cases, both fringe communities, doctors who are local residents but whose main practice is located in the city, provide an after-hours service in their homes to residents who don't have the mobility to seek medical care outside the community. In the other community, while a medical clinic does exist, it is temporarily unstaffed. In no case do the residents of these centers have to travel more than 30 km to access high quality medical services. All but these centers contain a hospital. All but the three communities which are located adjacent to a city operate a fully-equipped ambulance service, staffed by trained volunteers. All communities are served by a Public Health Nurse, either on a visiting basis or through a permanent office, who provides pre- and post-natal care to mothers, gives vaccinations and innoculation services, and provides visiting health care, among other services.
4. It is in the area of social services that the study communities appear most deficient. However, the nature of that deficiency is perhaps more a lack of visibility than non-provision. Mental health counselling, substance abuse programs and family services are the main social services focused upon in this study. These and other forms of assistance have been formally institutionalized by the Saskatchewan Departments of Public Health and Social Services. With the exception of the Alcoholics Anonymous (A.A.) program, which has been organized in several of the surveyed communities, all of these forms of assistance are generally available only through referral by a Public Health Nurse or Social Worker. Among those surveyed, only the rural regional centers and fringe communities are served directly by a visiting Social Worker. Residents in the remaining small communities must travel outside the community to access this service.
5. Cultural services, as defined earlier, include the creative, cultural and performing arts, interest groups, and social/cultural organizations and consider instructional and interest programs in which residents may participate as well as performances and shows put on for

their enjoyment. The number and nature of cultural services varies among the communities studied. Their composition is reflective not only of the interests of residents, but also of the availability of leaders and instructors to organize and deliver these activities. A broader range of cultural services, generally speaking, is available in fringe communities and rural regional centers. A general observation would be that children are perhaps best served in this respect in all communites. These services are delivered at the community level as well as through the school system. A number of cultural services for adults are provided under the auspices of the Saskatchewan Regional Community College system and are organized in response to resident requests. Services focused specifically at the interests of teen-agers appear proportionally underprovided, both in number and in scope; responsibility for their delivery rests largely with the local school system in many of the surveyed communties.

6. The quality of the various physical services differs widely among the surveyed communities. Variations in completeness of service in the construction of all-weather streets (oiling/paving) and the construction of sidewalks are especially notable. Some centers are almost compleltely provided with such services; others have only the main street so developed. Sources of water supply varies as does, according to some opinions, its quality. Overall, it would appear that attention to provision of these types of services has been on-going for several years.

V. THE RESIDENTS OF SASKATCHEWAN SMALL COMMUNITIES: SOCIO-ECONOMIC CHARACTERISTICS

The purpose of this chapter is to present a brief profile of the survey respondents as people who live in small communities in the province of Saskatchewan. Its objective is to provide an overview of personal characteristics, attitudes and behaviors which may have implications for community service needs and provision. Data are derived from responses of a randomly selected sample of residents to a mail-survey questionnaire. Most of the data will be discussed at the total sample and community type levels. Selective bivariate analysis has been performed on certain variables to determine whether any systematic relationships exist between them and the sample communities.

A. Personal Characteristics

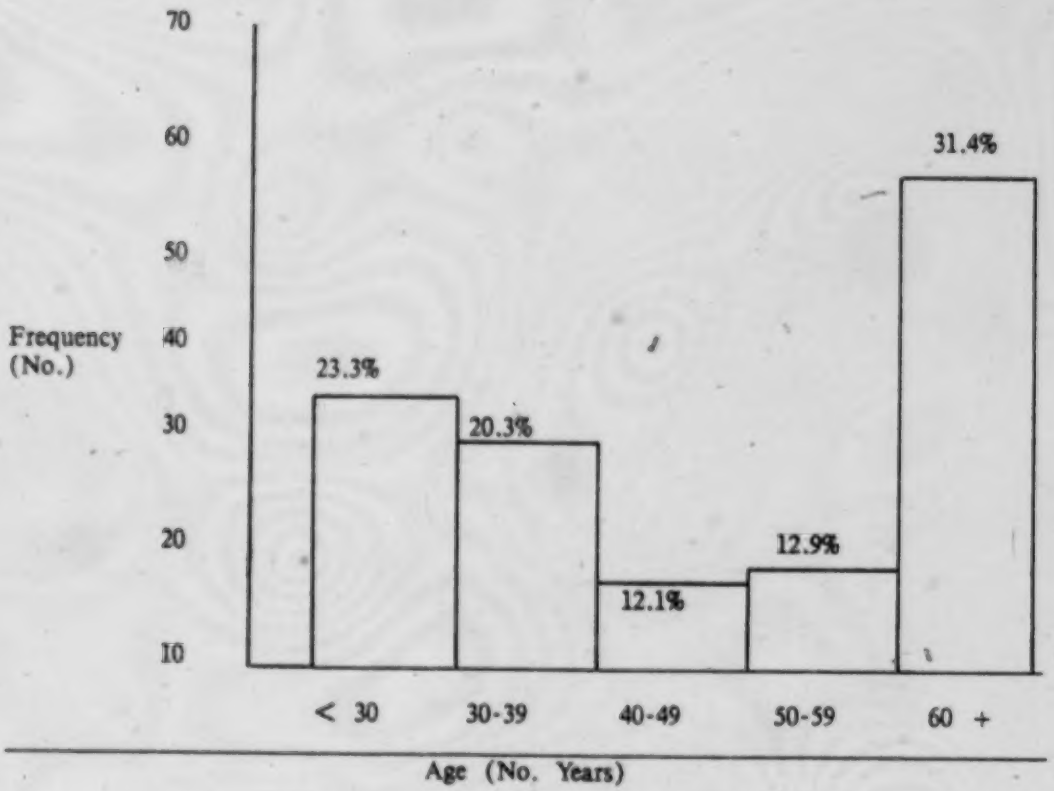
Age of Respondents

The age distribution of sample respondents is roughly bi-modal. As Table 5.1 shows, the middle age group, specifically those respondents 40-59 years of age, is somewhat underrepresented. In terms of the total sample, almost one-third (31.4 percent) of respondents were sixty years of age or older. Almost 44 percent (43.6), were under the age of forty, with 23.3 percent of the total sample being less than 30 years old. Given the long standing concern that small communities are losing younger residents in an urban migratory flow, this data would suggest that that pattern has been stemmed, if not reversed.

Perhaps not surprisingly, it was found that fringe community respondents were the youngest with 63 percent being under the age of forty. Conversely, they also had the smallest proportion of respondents who were sixty years of age or older; only 7.4 percent of respondents entered this category, contrasting sharply with the proportional distribution in the other community categories. Rural regional centers had the oldest respondents: almost 44 percent were 60 years of age or older. In both home towns and district service towns, approximately

TABLE 5.1

AGE DISTRIBUTION: TOTAL SAMPLE



one third of the respondents were in this 'senior' age category. Home towns reported the largest proportion of respondents who were less than 30 years old (28.6 percent) while district service towns had the smallest (9.1 percent) proportion.

The average age for the total sample was 45 years. The modal age category was 60 years of age or older (31.4 percent). The frequency distribution for the four small community groups, in terms of respondents' age, are presented in Table 5.2.

Educational Attainment

Table 5.3, shows that 42 percent of surveyed respondents have had some exposure to postsecondary education, and almost one-quarter have completed at least one year of a university degree program. The proportion of respondents who had pursued education beyond the high school level was fairly consistent across the four small community types, ranging from 41 to 46 percent. Among fringe community respondents, those who had undertaken technical/vocational training constituted the largest respondent grouping (33.3 percent). Respondents who had attained this level of education were present in greater proportion in fringe communities than in all the other small community categories. Fringe communities were also characterized by the smallest proportion of respondents who were university graduates but, conversely, the smallest proportion who had not completed at least high school education. These data are presented in Table 5.3.

The modal level of educational attainment in each of the remaining small community categories was 0 - 11 years (that is, respondents who had not completed their high school education). The distribution of respondents included in this category ranged from 36 percent among district service towns 43 percent in rural regional centers. District service towns differed most notably from the other small community types in having a far greater proportion of resident respondents who had completed a university degree program: almost one-quarter compared to a range of 7 to 10 percent in the other small community categories. District service towns also had the smallest proportion of respondents who had completed some level of

TABLE 5.2

AGE DISTRIBUTION OF RESPONDENTS:

COMMUNITY GROUPS

Age Groups	Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns		Column Total	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
Under 30	7	(26.0)	12	(20.0)	3	(9.1)	32	(28.6)	54	(23.2)
30 - 39	10	(37.0)	11	(18.3)	8	(24.2)	18	(16.1)	47	(20.2)
40 - 49	6	(22.2)	7	(11.7)	5	(15.2)	10	(8.8)	28	(12.1)
50 - 59	2	(2.4)	4	(6.7)	6	(18.2)	18	(16.1)	30	(13.0)
60 and over	2	(2.4)	26	(43.3)	11	(33.3)	34	(30.4)	73	(31.5)
Total	27	(100)	60	(100)	33	(100)	112	(100)	232	(100)

TABLE 5.3

HIGHEST LEVEL OF EDUCATION ATTAINED

	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
0-11 years	89	(39.0)	8	(29.6)	25	(43.0)	12	(36.3)	44	(40.0)
12 years	50	(21.9)	7	(25.9)	9	(15.5)	6	(18.2)	21	(19.1)
technical/ vocational	43	(18.9)	9	(33.3)	12	(20.7)	3	(9.1)	18	(16.4)
Some University	18	(7.9)	1	(3.7)	7	(12.1)	4	(12.1)	16	(14.6)
University Graduate	36	(15.8)	2	(7.4)	5	(8.6)	8	(24.6)	11	(10.0)
Total	228	(100)	27	(100)	58	(100)	33	(100)	110	(100)

missing = 12

technical/vocational training (9.1 percent); the proportional distribution in rural regional centers and home towns was similar: 20.7 and 16.4 percent, respectively.

A significant relationship was found to exist between level of educational attainment (V166) and age (V173), of respondents. This relationship, as Table 5.4 shows, is an inverse one. While three-quarters of the respondents in the Older age category (that is, age 60 or older) had not completed at least a secondary level of formal education, this dropped to one-third among the Middle Age respondents. Of the younger respondents, (defined as being 18-39 years of age) only 19 percent entered into this category. Conversely, while only 17.4 percent of the 'Older' respondents had pursued post secondary education of some type, over one-half (53 percent) of both the Younger and Middle-aged respondents had done so. Middle-aged respondents who pursued post-secondary education were most likely to have done so at a University. However, younger respondents who had enrolled in educational programs after completing high school, were almost as likely to have pursued technical/vocational learning as they were to have undertaken a University level program.

Household Income

The level of income earned by a household not only influences its ability to support improvements to existing levels of community services, whether by way of increased taxes or charitable donations, but also its demand for services provided at the public rather than private level.

The average annual household income of all respondents was $22,500. Standard deviation coefficients on this variable revealed that 68.26 percent of respondents earned an annual household income in the range of $5,000 and $35,000.

To permit a more meaningful analysis, these data were regrouped into four discrete categories. The distribution of responses for total sample and individual small community categories on the basis of this framework is presented in Table 5.5 below. On the basis of this distribution, the residents of fringe communities show higher incomes than their counterparts

TABLE 5.4

CROSSTABULATION OF EDUCATIONAL ATTAINMENT

AND AGE OF RESPONDENTS

	Younger-Aged (18-39 yrs)		Middle-Aged (40-59 yrs)		Older-Aged (60+ yrs)		Row Total	
	f	(%)	f	(%)	f	(%)	f	(%)
0 years	0	(0.0)	1	(1.7)	1	(1.4)	2	(0.9)
1-8 years	2	(2.0)	10	(17.2)	25	(36.2)	37	(16.3)
9-11 years	17	(17.2)	8	(13.8)	25	(36.2)	50	(22.0)
12 years	29	(29.3)	8	(13.8)	6	(8.7)	43	(18.9)
Technical/ vocational	24	(24.2)	11	(19.0)	6	(8.7)	41	(18.1)
University	27	(27.3)	20	(34.5)	6	(8.7)	54	(23.8)
Total	99	(100)	58	(100)	69	(100)	227	(100)

X = 67.134 d. of f.= 9 sig.= 0.000 missing = 13

in other small communities. Just over 65 percent of fringe community respondents realized an annual household income of $25,000 or more; more than one-quarter enjoyed a household income of at least $40,000 in 1981.

In each of the remaining categories of small communities, a larger proportion of respondents were concentrated in the lower half of the income range; that is, $25,000 and lower. This proportion was the largest in rural regional centers (66.1 percent). However, district service towns reported the largest proportion of respondents (31 percent) who received a household income of less than $10,000 in 1981.

Marriage and the Family

The majority of survey respondents were married or had been married at some point in time. Seventy-seven percent were married at the time of the survey while 12 percent were widowed. Persons who were divorced or legally separated did not constitute a significant proportion of the respondent sample. Slightly fewer than 11 percent of the total sample were single (never married).

Table 5.6 shows that among the community categories, fringe communities types had the greatest proportion of married respondents (92.6 percent) and the smallest proportion of respondents who were widowed (3.7 percent). Among the remaining small community categories, the proportion of respondents who were married was similar, ranging from 73 percent in rural regional centers to 79 percent in district service towns. The greatest proportion of single respondents was found in rural regional centers (15.2 percent), while home towns had the greatest proportion of respondents who were widowed (14.2 percent).

Household Dependents

1. *Under 18 years of age:* The overall respondent sample was almost equally divided regarding the presence of dependent children in their homes. Fifty-three percent of all respondents declared having no dependents under the age of eighteen in their homes. Childless

TABLE 5.5

RESPONDENTS' GROSS ANNUAL HOUSEHOLD INCOME (1981)

Income Category	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
LOW (less than $10,000)	45	(22.3)	4	(17.4)	11	(20.8)	9	(31.0)	21	(21.6)
LOWER MIDDLE ($10,000 $24,999)	66	(32.7)	4	(17.4)	24	(45.3)	7	(24.1)	31	(32.0)
UPPER MIDDLE ($25,000 $39,999)	57	(28.2)	9	(39.1)	13	(24.5)	8	(27.6)	27	(27.8)
HIGH ($40,000 or over)	34	(16.8)	6	(26.1)	5	(9.4)	5	(17.2)	18	(18.6)
Total	202	(100)	23	(100)	53	(100)	29	(100)	97	(100)

TABLE 5.6

MARITAL STATUS OF RESPONDENTS

TOTAL & DIFFERENTIATED COMMUNITY SAMPLES

	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
Single (never married)	25	(10.8)	1	(3.7)	9	(15.2)	2	(6.1)	13	(11.5)
Married (including common-law)	178	(76.7)	25	(92.6)	43	(72.9)	26	(78.8)	84	(74.3)
Widowed	28	(12.1)	1	(3.7)	7	(11.9)	4	(12.1)	16	(14.2)
Divorced or Legally Separated	1	(0.4)	0	(0.6)	0	(0.0)	1	(3.0)	0	(0.0)
	232	(100)	27	(100)	59	(100)	33	(100)	113	(100)

respondents were proportionally more numerous in the regional and home town communities, as Table 5.7 indicates. Respondents without children constituted 58.9 percent and 57.1 percent of these community groupings respectively. Fringe communities, on the other hand, were characterized by a much greater proportion of respondents without dependent children in their households: 70 percent compared to an average of only 46 percent across the remaining community types. In households where dependent children were present, the two-child family predominated. This was consistent among all community types. Only in six cases (3 percent) were more than 3 children reported. The average number of children in respondent households for the total sample was 2.1, the modal number being 2 (37.1 percent).

2. *Eighteen years of age and over:* Adult dependents, excluding spouses, were present in only 11 percent of respondent households. This proportion remained stable across the fringe communities and home towns, and increased to 14.8 percent in rural regional centers. Conversely, only 3.3 percent of respondents from district service towns reported having dependent adults residing in their homes.

In examining the relationship of these individuals to the respondents, it was found that (of the 21 declared cases) 18 were offspring still resident in the parental home; 2 were aged parents, and the remaining individual was described as being a friend of the respondent.

On the basis of these empirical data, it may be concluded that the nuclear family exists as the dominant among all Saskatchewan small communities. Aged and widowed persons are more likely to reside independently than with adult children or in other residence forms. With the trend away from the extended family unit, a number of roles and responsibilities, once part of the family as an institution, have been reassigned and are now the concern of the community. This being so, the latter is likely to be called upon to provide, among other specialized services, some form of assistance which would assist these individuals to remain resident in their own homes or to provide an institutionalized setting in which needed care and assistance would be available. Given that almost 30 percent of the small community population

TABLE 5.7

NUMBER OF CHILDREN IN RESPONDENTS' HOUSEHOLD

	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
none	116	(53.0)	8	(30.8)	33	(58.9)	15	(46.9)	60	(57.1)
1	25	(11.4)	4	(15.4)	5	(8.9)	1	(3.1)	15	(14.3)
2	46	(21.0)	7	(26.9)	11	(19.6)	10	(31.3)	18	(17.1)
3	26	(11.9)	4	(15.4)	6	(10.7)	6	(18.8)	10	(9.5)
4	6	(2.7)	3	(11.5)	1	(1.8)	0	(0.0)	2	(1.9)
Total	219	(100)	26	(100)	56	(100)	32	(100)	105	(100)

was 60 years of age or older, the above trends are likely to have significant implications for the definition of community needs and the types of community services required to address those needs.

Needs for Special Services

Only 3 respondents (2.7 percent) identified the presence of a child in their home who required specialized services due to physical or mental disability. Two respondents were residents of home towns, the other of a district service town.

B. Spatial Characteristics

Length of Residence

The average length of residence among respondents in their present community was 23.9 years. The range was 1 to 80 years with a standard deviation of 21.9, indicating that 68.26 percent of respondents have lived in their present community between 2 and 46 years.

To enable further analysis, these data were grouped into three discrete categories. These included Newcomers, that is, persons who had been locally resident for 8 or fewer years (entrance into the community between 1975 and 1982), Midtermers, with more than eight but fewer than 19 years of residence (entrance in 1965 and up to 1975), and Oldtimers, or those who had taken up residence in their present community prior to 1965 or, in other terms, had been resident for at least 19 years. These parameters reflect natural breaks in the distribution of responses. Length of residence data for total and community samples are presented in Table 5.8. Of the total respondent sample, those classified as Midtermers were proportionally few. This is perhaps reflective of the migratory pattern which saw rural and small community residents relocate to larger urban centers during the 1960's and early 1970's. Less than one-third of respondents were Newcomers. One-half of the respondents in the sampled small communities may be considered Oldtimers, having lived in their present communities for at

TABLE 5.8

RESPONDENTS LENGTH OF RESIDENCE IN THEIR PRESENT COMMUNITIES

Length of Residence	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home-Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
Newcomers	74	(30.8)	19	(70.4)	15	(23.4)	8	(24.2)	35	(30.2)
Midtermers	46	(19.2)	5	(18.5)	19	(29.7)	3	(9.8)	24	(20.7)
Oldtimers	120	(50.0)	3	(11.1)	30	(46.9)	22	(66.7)	57	(49.3)
Total	240	(100)	27	(100)	64	(100)	33	(100)	116	(100)
Mean (years)	24		8		28		27		25	

least 19 years. Thirty-two respondents had been locally resident for 60 or more years; ten had been so for at least seventy years. As was stated previously, the average length of residence among total sample respondents was 24 years.

Fringe community respondents were most distinctive in that a far greater proportion were Newcomers to their communities at the time this survey was conducted. Indeed, Newcomers out-proportioned Oldtimers in these communities by a ratio of 7 to 1. The average length of local residence among fringe community respondents was 8 years, whereas for respondents from the other small community categories it ranged from 18 to 25 years.

In each of the remaining 3 small community categories, Oldtimers dominated proportionally. This was particularly so in district service towns where they made up almost 67 percent of the respondent sample. Rural regional centers, on the other hand, had the largest proportion of respondents who were midtermers (30 percent of community sample respondents). Given that the earlier migratory pattern (rural outmigration) was toward larger centers, it may be that rural regional centers served to attract migrants at that time and that some of these migrants may have relocated away from smaller urban communities as well as rural areas.

Newcomers constituted almost one-quarter of the respondents from rural regional centers and district service towns and slightly over 30 percent from home towns. Given this renewed interest in even the more modestly developed small communities[140] it may be argued that small communities are not so much in danger of extinction as has often been suggested.

Reasons for Settlement

The people who reside in Saskatchewan's small communities list a variety of reasons for doing so. Respondents to this study's survey were requested to state the main reason they

---

[140] It will be remembered from the earlier discussion pertaining to community sample selection that home towns were characterized as having the smallest and least diversified business and retail sectors, and the fewest specialized services (hospital, RCMP detachment, Federal or Provincial government offices, etc.) of all small communities.

chose their present community as a place in which to reside. Their open-ended responses were recoded into 6 discrete categories; these and the frequency distributions are presented in Table 5.9.

Considered in terms of the overall sample, employment related reasons dominated in motivating respondents to reside in their present community. Included in this category would be such factors as job transfers, moves for reasons of unemployment or underemployment, searches for new or better jobs, higher wages and the availability of farm land. Forty percent of respondents entered this category.

Almost one-quarter of sample respondents indicated that their residence was as a result of having been born in the community or through in-migration with parents during childhood. Among respondents who made a deliberate settlement choice, familial, emotional, psychological or other ties to a particular community emerged as the second most common reason stated.

Reasons related to quality-of-life were cited by only 14 percent of survey respondents as the predominate factor which led them to settle in their present community. Few respondents (1.3 percent) stated that they had chosen their respective community specifically for its attraction as a retirement center. While some respondents certainly may have chosen to take up residence in their present community upon retirement, other more influential factors, such as family ties, determined their settlement choice.

Controlling for community type reveals significant response variations which distinguish fringe communities from the other community types. Table 5.10 shows that patterns of responses among respondents from Rural Regional Centers, district service towns and home towns are quite similar, with the exception of a large proportion of home town respondents (in comparison to the other two community categories) who stated employment related reasons as the main factor which influenced their residential decision. The distribution of responses in each community type was identical to that discussed above, pertaining to the total sample; employment related reasons predominated, followed at some distance by parental or family decisions and 'ties' to the community. Among respondents from fringe communities,

TABLE 5.9

RESPONDENTS' REASONS FOR 'SETTLEMENT'
IN THEIR PRESENT COMMUNITY
TOTAL SAMPLE

Reasons	Absolute Frequency (No.)	Relative Frequency (%)	Cumulative Frequency (%)
Employment Related	94	39.5	39.5
Quality of Life Related	32	13.5	53.0
Ties to the Community	48	20.2	73.2
Born in Community or Came With Parents	54	22.7	95.9
Retirement	3	1.3	97.2
Other	7	2.8	100.0
Total	238	100	100

TABLE 5.10

RESPONDENTS' REASONS FOR 'SETTLEMENT' IN THEIR PRESENT COMMUNITY: COMMUNITY-TYPE CATEGORIES

Reasons	Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)
Employment Related	3	(11.1)	25	(39.1)	12	(37.5)	54	(47.0)
Quality of Life Related	18	(66.7)	3	(4.7)	3	(9.4)	8	(7.0)
Ties to the Community	1	(3.7)	16	(25.0)	9	(28.1)	22	(19.1)
Born in or Came with Parents	2	(7.4)	18	(28.1)	8	(25.0)	26	(22.6)
Retirement	0	(0.0)	0	(0.0)	0	(0.0)	3	(2.6)
Other	3	(11.1)	2	(3.1)	0	(0.0)	2	(1.7)
Total	27	(100)	64	(100)	32	(100)	115	(100)

however, employment related reasons were listed by only 11 percent of respondents. Conversely, QOL or, life style related factors outweighed all others in influencing decisions to reside in the respective communities. Sixty-seven percent of fringe community respondents listed reasons such as those presented below:

> "We moved to a small community for a healthier environment in which to raise our children, to know who their friends are, and to know where they are."
>
> "Escape the high cost of living in a city -- housing and taxes. Like the small town atmosphere."
>
> "More freedom for our children to relax and play on their own."

Underlying the differentiation among small communities are spatial factors which form the very basis for the existance of most fringe communities, primarily city located employment with relatively easy access by automobile or other means, ie., within commuting distance. As a result, people choosing to reside in fringe communities are more able to separate their place of work from their place of residence than are residents of other small community types.

These results have implications for developmental activities focused at attracting newcomers to small communities. It would appear that the creation of employment opportunities is the best strategy for achieving this goal in rural regional centers and particularily in home towns. On the other hand, while the creation of job opportunities may serve to attract newcomers to fringe communities, it may have the effect, after a certain threshold level is reached, of repelling or ceasing to attract, those individuals seeking a residential community which will provide them with a desired quality of life.

C. Attitudes and Behavior Related to Community Service Provision

Desirable Directions for Future Community Development

Few respondents considered growth to be an undesirable element in the future of their community. The level, or extent of growth desired, however, varied among the specific sectors considered. These included the industrial/manufacturing, commercial/retail, residential and

community service sectors. Total sample response frequency distributions realized for each of these four sectors are presented in Tables 5.11 to 5.14. General trends which emerge from these data include an indication that residents of small communities, when considered as a discrete group, are most homogeneous in their desire for growth in both the commercial/retail and community service sectors. Residents appear least in agreement as to the desirability of local industrial/manufacturing sector development and to what level or extent of growth of this sector is most preferable. Among the four sectors which were considered, it was in the community services sector where the largest proportion of respondents felt unlimited growth to be the most desirable future condition. In each of the considered sectors, 'moderate' growth emerged as the modal response. The following section will examine each community sector in closer detail and will also explore any relationship between level of desired growth and small community type.

1. *Desired Growth in the Industrial-Manufacturing Sector.* The potential of industrial and manufacturing development for strengthening or revitalizing the economy of non-metropolitan communities and rural areas has long been recognized by planners, policy makers and residents alike. The input demands, including employment requirements and external markets of locally situated industry, can provide direct injections into the "host economy" if it can adequately respond to these demands. Provided the industry is of sufficient size, spin-off benefits for surrounding trade centers and the general region may also result. While advantageous in theory, as Smith, et al.,[141] Andrews and Bander[142] and Summers et al.[143] have determined, the social, financial and personal costs which can accompany industrial growth result sometimes outweigh the apparent benefits of local development in this sector.

---

[141] Smith, Courtland L., Thomas C. Hogg and Michael J. Reagan. "Economic Development: Pancea or Perplexity for Rural Areas?" *Rural Sociology,* Vol 36, No. 2 June, 1979. pp 173-186.

[142] Andrews, Wade H. and Ward W. Bander. *Comparison of Social Change in Monroe and Noble Counties of Ohio.* Ohio State University Agriculture Research and Development Centre. Bulletin No. 407, 1968.

[143] Summers, Gene F., et al. *Industrial Invasion of Nonmetropolitan America,* New York. Prager Press, 1976.

TABLE 5.11
RESPONDENT OPINION AS TO DESIRABLE
COMMUNITY GROWTH IN THE INDUSTRIAL/MANUFACTURING SECTOR

Level of Growth	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
No growth at all	11	(5.0)	3	(11.5)	1	(1.8)	0	(0.0)	7	(6.6)
Very little	36	(16.4)	11	(42.3)	7	(12.5)	6	(19.4)	12	(11.3)
Moderate	115	(52.5)	10	(38.5)	27	(48.2)	17	(54.8)	61	(57.5)
Unlimited	57	(26.1)	2	(7.7)	21	(37.5)	8	(25.8)	26	(24.5)
Total	219	(100)	26	(100)	56	(100)	31	(100)	106	(100)

TABLE 5.12

RESPONDENT OPINION AS TO DESIRABLE
COMMUNITY GROWTH IN THE COMMERCIAL/RETAIL SECTOR

Level of Growth	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
No growth at all	3	(1.4)	1	(3.8)	0	(0.0)	0	(0.0)	2	(1.9)
Very little	17	(7.7)	5	(19.2)	5	(8.6)	0	(0.0)	7	(6.6)
Moderate	158	(71.8)	19	(73.1)	37	(63.8)	26	(86.7)	76	(71.2)
Unlimited	42	(19.1)	1	(3.8)	16	(27.6)	4	(13.3)	21	(19.8)
Total	220	(100)	26	(100)	58	(100)	30	(100)	106	(100)

TABLE 5.13

RESPONDENT OPINION AS TO DESIRABLE COMMUNITY GROWTH IN THE RESIDENTIAL SECTOR

Level of Growth	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
No growth at all	3	(1.4)	2	(7.7)	1	(1.7)	0	(0.0)	0	(0.0)
Very little	29	(13.0)	8	(30.8)	8	(13.8)	6	(18.8)	7	(6.5)
Moderate	162	(72.6)	15	(57.7)	42	(72.4)	24	(75.0)	81	(75.7)
Unlimited	29	(13.0)	1	(3.8)	7	(12.1)	2	(6.3)	19	(17.8)
Total	223	(100)	26	(100)	58	(100)	32	(100)	107	(100)

TABLE 5.14

RESPONDENT OPINION AS TO DESIRABLE
COMMUNITY GROWTH IN THE COMMUNITY SERVICES SECTOR

Level of Growth	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
No growth at all	2	(0.9)	0	(0.0)	1	(1.8)	0	(0.0)	1	(0.9)
Very little	11	(4.9)	0	(0.0)	6	(10.9)	1	(3.1)	4	(3.7)
Moderate	137	(61.5)	20	(74.1)	30	(54.5)	19	(59.4)	68	(62.4)
Unlimited	73	(32.7)	7	(25.9)	18	(32.7)	12	(37.5)	36	(33.0)
Total	223	(100)	27	(100)	55	(100)	32	(100)	109	(100)

Table 5.11 presents the opinions of survey respondents on the question of whether future growth of the IndustrialManufacturing sector is desirable and, if so, to what degree.

Few respondents considered sectoral growth of andy degree as absolutely undesirable. In rural regional communities, district service towns and home towns, at least 81 percent of respondents favored moderate to unlimited growth in this sector. Support for unlimited growth was highest among respondents from rural regional communities. Approximately 38 percent of respondents were included in this category. It should be noted that both of these sub-sample communities are actively recruiting potential manufacturing and industrial operations to locate within the community. This is being done both through formal and informal channels (Chamber of Commerce activities, interaction with pertinent Government agencies and officials, newspaper advertising, among other means) and both communities have zoned and serviced an industrial park to provide a ready location for interested and attracted enterpreneurs.

Fringe community respondents differed substantially from respondents in the other sampled communities in that they were far less in agreement as to the degree of sectoral growth, if any, they felt was desirable. Of those who viewed industrial/manufacturing development to be desirable, the majority preferred modest degrees of growth. 'Very little growth' emerged as the modal response for this category of respondents, (42 percent selecting this response); and only 8 percent of respondents favored unlimited sectoral growth. Relative to the other community groups, fringe communities also had the highest proportion of respondents who favored no growth in this sector. A plausible explanation for this difference between fringe community residents and their counterparts in other small communities may lie in the motivations of residents for settling in their respective communities. Those who are drawn to a particular community by environmental or QOL factors are not likely to support activities which will alter that environment. Newcomers to fringe communities, as Haigh[144] observed, often strive to maintain the community in its

---

[144] Haigh, op. cit.

original (at their time of entry) form. The introduction of industrial or manufacturing operations may upset the ecological equilibruim of the community. As Table 5.10 showed, almost 67 percent of fringe community respondents listed environmental or life style considerations as the main factor which motivated their residential choice. This proportion exceeds that in all other small community categories.

2. *Desired Growth in the Commercial/ Retail Sector:* The residents of small communities as a whole favor growth in the local commercial/retail sector, and prefer more rather than less. The modal response regarding appropriate future development in this sector was Moderate growth. Fewer than 2 percent of all respondents favored no growth at all.A full 91 percent of responses were concentrated in the moderate to unlimited growth range. This proportional distribution remained stable across all the categories with the exception of fringe communities. As was the case with respect to the industrial-manufacturing sector, respondents from fringe communities generally favored more modest commercial-retail sector growth than their counterparts in other small communities. Almost 93 percent of responses from these centers were concentrated in the very little to moderate growth range. This perhaps is a reflection of spatial factors, given that fringe community residents have readier access to the shopping services and facilities available in a nearby city than do residents of more remotely situated communities. As a result, residents of fringe communities may be more content with limited local shopping opportunities. An additional factor which may underwrite the greater support for more extensive growth among respondents from rural regional centers, district service towns and home towns is that of the community's age composition. Senior citizens and other persons with limited mobility are largely restricted to the local commercial/retail sector for their consumer purchases. As Table 4.1 shows, the sizes of the local business sector in surveyed district service towns and home towns were quite small in terms of number of outlets. Given that the proportion of respondents who fell into the '60 years of age or older' age category was far greater in these latter three community groupings than in fringe communities, this

factor may, at least in part, account for the difference in growth related opinions between these two respondent groups.

While rural regional centers stood out among small communities as having the largest and most diversified retail/commercial sectors, local respondents favored additional expansion and development. In short, 'more' does not mean enough, in this case.

3. *Desired Growth in the Residential Sectors:* The modal response pertaining to desired developmentin this sector was moderate growth. Few respondents (1.4 percent) favored no growth at all. Fringe community respondents suggested more moderate levels of growth within this sector than did their counterparts in other small communties. Almost one-third of respondents from fringe communities indicated a preference for very little growth in their local residential sector. Both fringe communities had experienced significant population increase during the ten year period which preceded this study; the population of Lumsden increased by 42 percent during that decade while Langham had expanded to more than one and one-half times its 1971 population size by 1981. Such extensive and rapid growth is bound to strain not only the existing community service sector but the social and economic structure as well. Residents may desire a cooling down period to enable some level of internal equilibrium to be regained. This factor may partly account for the desire among fringe community respondents for more tempered levels of local residential expansion.

Moderate growth was the modal response among home town respondents. They exceeded all other sub-sample respondents with respect to the proportion who favored unlimited growth in this sector. Almost 18 percent of respondents expressed this view. Population growth is perhaps seen as one key to enabling community developent, through increased tax revenues and service-user charges. In recognition of this factor, and given that three of the six sample home town communities experienced negative growth during the ten year period preceeding this study (net population losses ranged from 1.7 percent in Eastend to 15.5 percent in Imperial) enthusiasm among residents for residential, hence

population growth, is understandable.

Among rural regional centers and district service towns, moderate growth was also the modal response to this growth question. Respondents from district service towns were most uniform in their attitudes toward residential sectoral growth; 94 percent of their responses indicated a preference for very little to moderate levels of residential growth. Spatial factors perhaps have intervened to influence this distribution, given that one of the sample district service centers is located near to a city and fullfills a fringe community function to some degree. If the earlier explanation of distinctive growth attitudes among fringe communitiy residents is valid, its utility may be extended, to some degree, to the responses of sample district service centers and the opinions of their respondents.

4. *Desired Growth in the Community Services Sector:* Corresponding to other sectors considered in this study, the modal response for desired growth in the community services sector was moderate growth. In comparison with the three other sectors, the proportion of respondents who favored unlimited levels of growth, was greatest in the community services sector. Few respondents favored no growth at all, although the largest proportion were residents of rural regional communities. Contrary to the expected, fringe community respondents, too, favored more extensive levels of growth. However, their responses were somewhat more tempered than those of the other community types. Across all the communities, the greatest proportion in favor were residents of district service towns. Extensive growth in the industrial/manufacturing was seen as desirable by the smallest proportion of respondents, although 79 percent fell into this category.

Differences related to community-type did emerge. Fringe communities, on the whole, proved to be distinct from the remaining three community types. In general, residents of these centers favored more moderate levels of sectoral growth. This trend was sustained in all four sectors considered.

Willingness to Pay for Desired Community Service Improvements

Respondents were divided in their willingness to incur tax increases to finance desired community service improvements. Only a slight majority of survey respondents, as Table 5.15 reveals, indicated that they would be willing to do so.

Among respondents who qualified this statement, only 17 percent indicated they would accept a tax increase in excess of $100. The modal response category, $50 - $100, was the choice of 45 percent of the respondents who supported tax increases in return for desired service improvements. These data are presented in Table 5.16.

Community membership proved to be a significant variable in this regard. Rural regional centres stood alone in having a respondent majority in opposition to tax increases which would support local community service improvement. One explanation may be that the municipal tax rate in one of the sample rural regional centers was 102 mills, compared to an average of 56 mills in the remaining sample small communities (see Table 4.1), and this was, in fact, higher than the then current mill rate set in the city of Saskatoon. As such, it is not surprising that these residents may be less favorably disposed toward any type of tax increases. Among the remaining community categories, fringe community respondents were the most willing to incur additional taxes, with 59 percent responding positively.

Among the small community categories, district service town respondents favored the lowest levels of tax increases.

Resident Assessment of the 'Performance' of Their Town Council Viz Community Service Provision

There was little concensus among respondents in their opinion as to how well their local municipal government had performed in providing a level of community services which was adequate and appropriate relative to the needs of local residents. As Table 5.17 indicates, few respondents (9.0 percent) expressed an absolutely disfavorable assessment. Most were of the opinion that council's performance would improve if specific barriers or impediments were

TABLE 5.15

WILLINGNESS OF RESPONDENTS TO PAY INCREASED TAXES TO EFFECT DESIRED COMMUNITY SERVICE IMPROVEMENTS

Willingness To Pay	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home-towns	
f	(%)	f	(%)	f	(%)	f	(%)	f	(%)	
YES	114	(53.8)	14	(53.8)	25	(44.6)	17	(54.8)	58	(50.9)
NO	98	(46.2)	12	(46.2)	31	(55.4)	14	(45.2)	41	(41.8)
Total	212	100	26	100	56	100	31	100	99	100

missing = 38

TABLE 5.16

AMOUNT OF ADDITIONAL TAX DOLLARS RESPONDENTS ARE WILLING TO PAY TO EFFECT DESIRED COMMUNITY SERVICE IMPROVEMENTS

Amount of Additional Dollars	Total Sample		Fringe Communities		Rural Regional Centers		District Service Towns		Home-Towns	
	f	(%)	f	(%)	f	(%)	f	(%)	f	(%)
$1 - $50	42	(37.8)	3	(18.8)	11	(45.8)	4	(28.6)	24	(42.1)
$51 - $100	50	(45.0)	10	(62.5)	11	(45.8)	8	(57.1)	21	(36.8)
$101 - $150	12	(10.8)	2	(12.5)	1	(4.2)	1	(7.1)	8	(14.0)
$150 +	7	(6.3)	1	(6.3)	1	(4.2)	1	(7.1)	4	(7.0)
Total	111		16		24		14		57	

missing = 3, not applicable = 98

removed. Equal proportions of respondents (24.4 percent in both bases) identified the funding and grant allocation policies of the Provincial government as inhibiting the performance of local town council, as well as insufficient effort and initiative on the part of council members responsible for inadequate performance. The greatest proportion of respondents, however (36.7 percent) believed that their Town Council members were performing to the best of their abilities.

Among the community types, residents of the fringe communities were most satisfied with the efforts of their Town Council. Almost 41 percent (40.7) felt council members were "working hard and doing the best they can". Evaluations in the other small community categories were somewhat less generous. Compared to respondents of other communities, fringe community residents were also less likely to hold the Provincial Government responsible for local service inadequacies. Only 3.7 percent believed the effectiveness of their Town Council to be limited by Provincial Government funding practices. A surprisingly large proportion of fringe community respondents (29.6 percent) felt they were not sufficiently knowledgeable about local circumstances to offer an opinion on this question. This proportion was almost twice that of the next highest level. However, before they are chastized for their "uninformedness", it should be remembered that the average length of residence among these respondents in their present community was 8 years, compared to an average of 25 years among respondents in the other community categories. As such, some may not yet have had sufficient time to become fully integrated into the community and knowledgeable enough about local activities to offer an informed opinion.

Residents of rural regional centers were least satisfied of all the sampled community respondents with the actions of their local Town Council. Approximately onethird of these respondents were of the opinion that more effective and productive results could be realized if Council members increased the amount of time and effort they devoted to their tasks. At the same time, compared to their counterparts in other small community types, Rural Regional residents constituted the greatest proportion of respondents (19.4 percent) who were absolutely

TABLE 5.17

RESPONDENT ASSESSMENT OF TOWN COUNCIL PERFORMANCE WITH RESPECT TO COMMUNITY SERVICE PROVISION TOTAL SAMPLE

Assessment Statement	Absolute Frequency (No.)	Relative Frequency (%)	Cumulative Frequency (%)
"Working hard and doing the best they can"	65	27.8	27.8
"Could be doing better if they were able to put more time into the job"	57	24.4	52.2
"Would be doing better if the Provincial Government would give them more money to work with"	57	24.4	76.6
"Aren't doing well at all"	21	9.0	85.6
"I really don't know"	34	14.4	100.0
Total	234	100.0	100.0

dissatisfied with Council actions. Only 15 percent of Rural Regional respondents considered current efforts of their local council to be satisfactory.

In the case of district service towns, residents were almost equally divided in their evaluations among those who were satisfied with current actions (24.2%), those who believed improvements would result if council members devote more time to their tasks (24.2 percent), and those who believed provincial funding policies constrained council efforts (24.2 percent). Respondents who were absolutely dissatisfied with council efforts were far outproportioned by those who were satisfied or who believed that there was potential for improvement.

Home town residents were also divided on this issue. One-third of respondents were satisfied with the performance of their Town Council. Only 3 percent were completely dissatisfied, the lowest of all the small community types. Of those who were not completely satisfied, a greater proportion held the Provincial Government responsible for the inability of Council to adequately provide services (31.3 percent) than those who identified insufficient effort on the the part of council members (20.5 percent).

Performance assessment distributions for the four sample community categories are presented in Table 5.18.

Opportunity to Participate in Decision-Making Related to Community Service Provision

Respondents were also divided in their opinions as to whether the existing local administrative system allowed them adequate opportunity to participate in decision making on matters pertaining to community service provision. Forty-six percent of total sample respondents felt existing opportunities to be inadequate.

Respondent Involvement in Community Service Provision Activities

The nature and extent of an individual's involvement in activities related to community service provision is reflective not only of personal interest and commitment, but it also provides an insight into the various avenues of action favored by residents to pursue desired service

TABLE 5.18

RESPONDENT ASSESSMENT OF TOWN COUNCIL PERFORMANCE WITH RESPECT TO COMMUNITY SERVICE PROVISION: COMMUNITY CATEGORIES

Assessment Statement	Fringe Communities		Rural Regional Centers		District Service Towns		Home Towns	
	f	%	f	%	f	%	f	%
"Working hard and doing the best they can"	11	(40.7)	9	(14.5)	8	(24.2)	37	(33.0)
"Could be doing better if they were able to put more time into the job"	5	(18.5)	21	(33.9)	8	(24.2)	23	(20.5)
"Would be doing better if the Provincial Government would give them more money to work with"	1	(3.7)	13	(21.0)	8	(24.2)	35	(31.3)
"Aren't doing well at all"	2	(7.5)	12	(19.4)	4	(12.1)	3	(2.7)
"I really don't know"	8	(29.6)	7	(11.3)	5	(15.2)	14	(12.5)
Total	27	(100)	62	(100)	33	(100)	112	(100)

expansion/improvement. Table 5.19 represents frequency distributions for the various provisional activities considered by respondents.

The most common form of personal involvement in community service provision was through the donation of labour, money or both to support a local service. Eighty-six percent of respondents had participated in this way on an individual or independent basis while 65 percent had done so as a member of a local voluntary organization.

Respondents were less likely to address their elected officials with their service-improvement concerns than they were to participate directly in provisional activities. While over one-half of the respondents (55 percent) had contacted a Town Council member personally to discuss concerns and needs, fewer than one-third had attended a Town Council meeting for this same purpose. This latter statistic is particularly interesting given the high proportion of respondents who perceived inadequate participatory opportunities in local administrative decision making processes related to community service provision. In fact, respondents were almost as likely to contact Provincial government officials to voice their opinions and needs regarding community services as they were to appear before their local Town Council for the same purpose. Although one respondent offered the observation that:

> "In this town, if you are interested enough to run in an election and if you are voted in, *then* you get your say."
>
> (Respondent from home town)

it would appear that few small community residents are willing to accept the responsibility or make the time commitment necessary to serve on Town Council. Only 10 percent of sample respondents had entered local municipal elections as candidates for council; 7 percent had served at least one term as a Town Councillor or mayor.

D. Summary

The purpose of this chapter was two-fold. First, it was intended to examine several socio-economic and spatial characteristics of survey respondents, characteristics which are generally associated with need, with a view to considering their implication for community

TABLE 5.19

ACTIVITIES ENGAGED IN BY RESPONDENTS
TO INFLUENCE AND ENABLE LOCAL COMMUNITY SERVICE IMPROVEMENT

Activity	Absolute Frequency (No.)	Proportion of Total Respondents (%)
Served as member of Town Council	17	7.1
Ran for Town Council position	25	10.4
Attended Town Council meeting	77	32.1
Wrote or spoke to Council member	133	55.4
Signed petition	88	36.7
Contacted MLA or other provincial government official	63	26.3
Involved through local voluntary/service organization	156	65.0
Donated money or labour toward specific service	206	85.8
	240	

service need and provision. Second, it was intended to gain an awareness of the attitudes and behaviors of respondents on matters related to local service provision, with the same objective.

In light of the issues discussed in preceding sections, it appears that present-day small communities are a socially viable and dynamic societal form. The residents of these centers are a heterogeneous group, in terms of their personal attributes and in their values and perceptions. Certain trends can be identified from these data, however. Some systematic relationships also exist between the characteristics of respondents and the small community categories, as they were defined for this study.

The Respondents

1. The age distribution in the studied communities was bi-modal, more heavily weighted in the '60 years of age and older' category, with a large underrepresentation of respondents who were 40-59 years of age. The large number of younger-aged respondents suggests that popular concern over the disappearance of small communities due to the absence of a young 'replacement population' may not be universally valid. It also suggests that a strong service base which focuses at the needs of young families will also be required in these centers. If such a service base had, in fact, been allowed to deteriorate during the previous period of youth out-migration, provisional attention will need to be appropriately refocused.

   Given that one-third of the respondents were senior citizens or within a few years of entering that life stage, the previously questioned emphasis on provision of services aimed at this group of residents becomes even more understandable. Some concern arises, however, that the next group of residents to enter into that age category will be proportionally smaller in size. Will these special services become increasingly extraneous to the needs of the community and resources eventually reallocated? Or is it more likely that small communities will develop an even stronger retirement community function and experience an increased in-migration, particularly of city-origin retirees who are attracted

by the strong base of specialized services available in these centers?

2. The residents of small communities are quite well schooled. Almost 42 percent have had some exposure to post-secondary education, almost one-quarter having attended a university. The educational experience, as well as having had to reside in a city for some period of time while attending university or college are factors which may affect an individual's values and may underwrite a more sophisticated view of what constitutes a desirable QOL. Both have important implications for need and community service provision. The data revealed that younger residents tend to have achieved higher levels of education. This may lead to conflict among residents on the issue of community need and priorities for community service provison.

3. Respondents' income level is important to the discussion at hand for two reasons. First, it dictates an individual's ability to purchase required services at the private level, if these are available. Second, it determines his or her ability to contribute financially to the provision of such services at the public level. Some 22 percent of survey respondents reported a household income of less than $10,000 in 1981. The purchasing power of such a low income is limited, even in small communities. It is also likely that the majority of these respondents are senior citizens, with old age pensions as their main income source.

   It is notable that fringe community respondents, on average, had higher incomes than respondents from other communities. A large proportion of fringe community residents are employed in the city, however, where wage and salary rates are likely higher than they would be in the small community work place. Fringe communities also reported the smallest proportion of respondents who fell into the lowest income category. This may reflect the smaller proportion of respondents in this sub-sample who are senior citizens.

4. The nuclear family predominates in small communities. The extended family role of caring for aging parents and the care and socialization of children has largely been reassigned, in many cases to the public sector. This is particularly true in the first case since older respondents were more likely to be residing on their own than in the homes of adult

offspring.

While the majority of respondents were married, fewer than one-half reported having children in their households. This factor is likely related to the large number of respondents who were in the 'empty nest' stage of the life cycle. Households with more than three children were uncommon. Respondents from fringe communities were more likely to have children and larger sized families than were respondents from the other small community categories. Separated or divorced individuals did not constitute a large proportion of the small community population.

5. Overall, respondents were either Newcomers or Oldtimers to their community. Much research on in-migration into small communities has focused on conflicts between these two resident groups viz a vis their perception of community need and their priorities for community service provision. It is unknown whether this is a significant factor in Saskatchewan small communities.

6. Employment-related reasons predominated as the motivating force underlying small community residence. These included job transfers, searches for better jobs or higher wages, availability of farm land, among others. This finding has particular significance for those communities which are seeking means to attract new residents . Among the communities studied, service improvement projects were central to their developmental strategies. It was believed that improved services would make the community more attractive to prospective in-migrants. Given this finding, however, it would suggest that such service improvement activites are more likely to be 'successful' if undertaken in the context of a larger community development effort which also results in job creation.

Among respondents who listed other motivations for their community residence choice, moves because of personal or other ties to the community predominated. Again, most communities are not being settled by 'strangers' who only seek a comfortable and well serviced place to live. This factor may permit a more socially cohesive community to be maintained, with fewer Newcomer/Oldtimer conflicts occuring despite significant

in-migration.

It should be noted that the experience of fringe communities was distinct from that of other small community categories on this variable. The largest proportion of in-migrants to these centers were motivated primarily by environmental or QOL considerations. Far fewer were attracted by employment opportunities.

Attitudes and Behaviors Related to the Provision of Community Services

1. In general, respondents were not concerned about maintaining their community's 'small' status. The majority were in favor of multi sectoral growth; a moderate level of growth emerged as the most desirable case in each of the four sectors considered. The expansion of the community services sector was seen in the context of overall community growth. This reflects a realistic attitude on behalf of small community residents in that the revenue to support local service improvement must come from somewhere. Increased municipal tax revenues through residential and business sector growth can be a major source of those funds.

   Moderate growth in the industrial/manufacturing sector was identified as desirable by a majority of respondents. The expected result would be job creation, both for current residents and in-migrants who would be attracted to a community by such opportunities. Respondents appear not to anticipate or be bothered by the potential negative effects industrialization can bring about in small communities.

   Fringe communities once more stood out in that respondents from these centers generally favored a less extensive degree of community growth, particularly in the industrial/manufacturing sector. Given that the majority of these respondents were attracted to their community by QOL reasons, it is not suprising that they do not desire community development which could spoil that environment.

2. Town Councils are central to the provision of services in small communities. They make the allocative decisions relative to municipal expenditures and in that process, assign

priorities to community service improvement projects. They also support community initiated service expansion/improvement projects by providing grants to aid such activities. Further, Town Councils often act as the public voice and articulate the community service needs and preferences of their constituents to planners and service providers in other levels of government. Only a minority of respondents were completely satisfied with the service provision efforts of their local Town Council. The same proportion of respondents perceived the reason for this ineffectiveness to be inadequate funding by the Provincial government to support needed service improvement, as those who faulted Council members for insufficientor inadequate input on their part.

3. Only a small majority of respondents were willing accept a municipal tax increase to pay for desired local service improvements. The general tone of comments received was that respondents felt they were already not receiving an adequate return for their tax payments. Among those who would support a tax increase, $50-100 was considered the most acceptable sum.

These data strengthen the argument that community residents see additional in-migration and business sector growth as a means of generating revenue for service improvement. Here, fringe community respondents must once more be singled out in that more were willing to incur more taxes to support local service improvements. This, it would appear, is a trade-off in return for more limited community growth.

4. Do small community residents try to influence local service provision? If so, in what way?

The most common approach is through the donation of labor or a financial contribution (or both) to assist with a specific service improvement project. Almost all respondents had participated in the local service provision process in this fashion. Attendance at Town Council meetings does not appear to be a popular avenue for respondents to voice their needs and exercise their decision making influence. Less than one-third of respondents had done so. Only slightly more than one-half had addressed a Council member either, in writing or in person, for this purpose. Thus, although residents

appear to have dissatisfactions with the local service provision process, given the findings discussed previously, they seem not to have articulated that dissatisfaction or their opinions directly to those responsible for decision making on their behalf.

Few respondents have sought to become directly responsible for provison-related decisions and their outcomes by running for a seat on the Town Council.

Community Comparisons

Among the four community types, fringe communities tended to 'stand out' as a discrete category, based upon the attributes, opinions and behavioral characteristics of their resident respondents. The remaining three community types appear in general to exist along a continuum, with Rural Regional Centers and home towns forming the polar ends, although this ordering did vary. The following summary will describe the unique or distinguishing characteristics of each community type, relative to those remaining.

1. *Fringe communities:* On average, respondents from fringe communities were younger than those in other community types. These centers also had the smallest proportion of respondents who were 60 years of age or older. They also had proportionally fewer respondents who had not completed high school education and more who had gone on to receive technical/vocational training. fringe community respondents, in general, enjoyed higher household incomes; the modal annual household income was $25,000 - $39,999 as compared to less than $10,000 in other community types. There were fewer nonmarried respondents in fringe communities, more who had dependent children living in their homes and a trend toward larger sized families (ie. numbers of children) was identified. Proportionally more fringe community respondents were Newcomers to their community. Few were likely to be Oldtimers. Almost two-thirds had chosen to settle in their present community because of quality of life as lifestyle related reasons. These characteristics are fairly typical of fringe communities in Canada. They reflect a strong dormitory function and a population dominated by skilled white and blue collar workers in their child rearing

years. Most respondents from fringe communities favored growth in all sectors of their community although the degree of desired growth was more tempered in each of the sectors, relative to the preferences expressed by respondents from the other community types. There was greater disagreement among fringe community respondents relative to desired growth of the local industrial-manufacturing sector and, in general, these respondents were more disapproving of growth in this sector than were their counterparts in other small communities. fringe community respondents were slightly more in favor of 'trading' tax increases for desired service improvements and were much more approving and supportive of their town Council and its provisional 'record'.

2. *Rural regional communities:* These centers revealed the largest proportion of respondents who were sixty years of age or older, some 43 percent. In comparison to the other community types, a greater proportion of rural regional community respondents were 'Midtermers' with respect to the length of time they had resided in the community. Respondents from these centers also revealed a level of community satisfaction that was significantly (statistically) lower than that in each of the other community types. They tended to be more supportive of higher levels of growth in the industrial/manufacturing and commercial/retail sectors. In general, respondents were less in favor of tax increases to pay for desired service improvements and were the most dissatisfied with the performance of their Town Council relative to community service provision. These respondents were more likely to assign the blame for their dissatisfaction to the person performance of Town Councillors.

3. *District service towns:* This community type had the youngest respondents, ie. largest proportion who were less than 30 years of age. Respondents were the most educated and at the highest level; one-quarter had received university degrees. They may be considered the least "welloff" among small community respondents, having the largest proportion of respondents who reported household income of below $10,000. In addition, district service towns had the highest proportion of respondents who were Oldtimers and the smallest

proportion who were Midtermers. Compared to all other small community types, district service towns revealed the largest proportion of respondents who desired unlimited growth in the local community services sector.

4. *Home towns:* These communities did not vary significantly from the other community types in terms of any of the variables discussed above.

VI. COMMUNITY SERVICE NEEDS

The principal objective of this research was to gain an understanding of the needs for community services among residents of small communities in Saskatchewan, as those needs were perceived by survey respondents. The determination of need, as it was conceptually defined, involves the integration of two discrete perspectives on community services. These perspectives are *satisfaction* and *essentiality*. Using the stated operational definition of need as a basis for this, non-perfect satisfaction or dissatisfaction with a specific service would indicate the existence of a gap between the actual and desired 'level' of provision for that service. It is assumed that low satisfaction or dissatisfaction would indicate the service was not adequately fullfilling the need(s) for which it was intended. The level of perceived essentiality for local provision of a service may be interpreted as indicative of the width of the needs gap, where it was found to exist. Thus, integration of these two perspectives permits a two-dimensional portrait to be compiled; one which reflects both the existence and intensity of unfullfilled need.

The following discussion will focus upon each of these perspectives, first individually, and later as an integrated set. From these dicussions, a statement of priority needs among respondents will be drawn.

A. Satisfaction With Existing Community Services

How satisfied are the residents of Saskatchewan's small communities with the services currently available in their home centers? In which, if any, service areas are existing levels of provision inadequate relative to the needs of the local population? Using a list of 41 community services developed for this study[145], respondents were asked to indicate their satisfaction with each service as it is provided in their home communities. A discrete 5-point Likert-type response scale was provided as an evaluatory framework for this task. Response values ranged from 1. (very satisfied) to 5. (very dissatisfied) with intermediate points indicating moderations of either of these extremes. Given this structure, the relationship

[145] The services included in this list represent the five major service areas which were considered in Chapter II.

between reported evaluation score and satisfaction would be an inverse one.

Mean satisfaction scores were tabulated for each service as an initial analytical procedure. These ranged from 1.45 to 3.30 with the distribution of scores skewed toward the positive (satisfied) end of the scale. This would suggest that, in general, respondents were satisfied with the services in their communities. Significant variations in satisfaction level did appear, of particular note being the fact that satisfaction scores for ten of the services fell into the negative (dissatisfied) range of the scale. Table 6.1 presents the mean satisfaction coefficients and their accompanying standard deviation statistics for the complete list of services.

An examination of the standard deviation scores reveals a significant disagreement among respondents in their perception of provision-related adequacy for most services. For example, in the case of water services, while the mean satisfaction score is 2.74 (indicating residents were relatively impartial in their evaluation) the large standard deviation of 1.53 indicates a significant disparity among those surveyed. In this case, 68 percent of respondents' assessments (scores) fell between 1.21 - 4.27 which is inclusive of almost the entire range of possible evaluative scores. Indeed, large standard deviation scores were realized for many of the considered community services. This suggests two things; first, that residents of small communities are quite dissimilar in their need for, and perception of, specific services and/or second, that there may be an absence of qualitative uniformity in some services across these small communities.

The large standard deviation scores were of particular significance in determining the next step of data manipulation. The common analytical approach in research of this nature is to make comparisons among services on the basis of mean scores. [146] To do so in this case, however, might generate misleading results. Discrimination based upon response frequency appeared a more correct approach. Consequently, the 5-point scale was restructured into a 3-point scale; response categories 1 and 2 (very satisfied and satisfied) were collapsed to form a

---

[146] See Chapter II, pp. 30-32.

TABLE 6.1

RESIDENT SATISFACTION WITH EXISTING COMMUNITY SERVICES IN THEIR HOME COMMUNITIES

	Service Mean Score	Standard Deviation
Culture - Education		
Public library	1.87	1.06
Museum of local history	3.06	1.38
Cultural services	2.71	1.17
Kindergarten	1.46	0.82
Elementary school	1.45	0.80
High School	1.65	1.04
Adult formal education programs	3.07	1.34
Adult non-formal educational programs	2.50	1.17
Education services for the mentally or physically handicapped	3.31	1.27
Physical Services		
Streets	2.79	1.42
Sidewalks	2.71	1.30
Street lighting	2.03	1.14
Community water supply	2.74	1.53
Sewerage system	1.92	1.19
Garbage removal	1.83	1.11
Recreation		
Curling rink	1.77	1.13
Skating rink	1.59	0.91
Enclosed recreation center	2.53	1.46
Sports field	1.80	1.00
Golf course	2.24	1.35
Swimming pool	2.30	1.48
Playground for children	2.30	1.30
Picnic grounds and park	2.19	1.26
Community owned sports equipment	2.77	1.33

TABLE 6.1 Continued . . .

	Service Mean Score	Standard Deviation
Health and Social Services		
Medical clinic (doctor's office)	2.29	1.46
Hospital	1.91	1.20
Nursing home	2.05	1.36
Mental health services	3.08	1.27
Drug addiction services	3.30	1.29
Alcohol addiction services	2.88	1.33
Family planning	2.97	1.25
Family counselling	3.25	1.21
Child protection services	3.19	1.22
Community day care	3.14	1.26
Services for handicapped or retarded adults	3.03	1.25
Services for handicapped or retarded children	3.22	1.23
At-home aid to senior citizens	1.86	1.13
Senior citizens' housing	1.87	1.18
Protective Services		
Police services	1.83	1.22
Firefighting protection	1.65	0.94
Ambulance services	1.96	1.24

single category, as were categories 4 and 5 (dissatisfied and very dissatisfied). Response category 3 (indifferent) remained un-altered. Frequency distributions were then retabulated. The next step was to differentiate services into high, moderate and low categories of satisfaction and then to establish the following differentiative parameters: services for which 75 percent of respondents or more, stated that they were satisfied or very satisfied, constituted the high satisfaction category. Services with which 25 percent or more of respondents indicated they were dissatisfied or very dissatisfied with existing provision, comprised the low satisfaction category. All other services were considered to be of a moderate level of satisfaction. On this basis fourteen services were found to be Highly satisfactory, seventeen of a Low level of satisfaction, and the remaining ten of Moderate satisfaction. It should be remembered that these categorizations are relative rather than absolute. Table 6.2 presents collapsed-category frequency distributions for respondent satisfaction with the 41 community services being considered, as well as the assigned satisfaction rank (High/Medium/Low) for each service.

HIGH SATISFACTION: The services comprising this category may be considered as those which, in the opinion of respondents, most adequately address the needs at which they are focused. From another perspective, it may be said that the goodness-of-fit between actual and desired levels of provision is fairly close. A listing of these services is presented in Table 6.3.

As a group, formal education services for children received the highest satisfaction evaluation.In the case of kindergartens and elementary schools, 90 percent of respondents stated they were satisfied or very satisfied with existing service levels. Almost 83 percent shared a similar perception with respect to local high schools. This slightly lower assessment may be due to high schools in small communities being somewhat more limited in the diversity of specialized programs (ie: academic, technical, clerical, fine arts, etc.) they are able to deliver. Most residents, however, seem to perceive the schooling needs of their children as quite adequately met.

Services to assist senior citizens in residing outside the institutional setting were also evaluated at a high satisfaction level.The availability of subsidized housing, and at-home

TABLE 6.2

RESIDENT SATISFACTION WITH LOCAL COMMUNITY SERVICES
COLLAPSED SCALE FREQUENCY DISTRIBUTIONS

	Satisfied (or) Very Satisfied (%)	Indifferent (%)	Dissatisfied (or) Very Dissatisfied (%)	Total Percentage	Satisfaction Rank
Public library	75.1	18.2	6.7	100.0	High
Museum of local history	39.2	30.5	36.6	100.0	Low
Cultural arts programs	40.9	37.4	21.7	100.0	Moderate
Kindergarten	90.0	6.3	3.7	100.0	High
Elementary school	89.7	7.2	3.1	100.0	High
High School	82.9	9.9	7.2	100.0	High
Adult formal education programs	32.3	27.6	40.1	100.0	High
Adult non-formal educational programs	52.0	26.7	21.3	100.0	Moderate
Education services for the mentally or physically handicapped	27.4	28.6	44.0	100.0	Low
Streets	44.4	22.6	33.0	100.0	Low
Sidewalks	45.4	27.1	27.5	100.0	Low
Street lighting	71.9	15.0	13.1	100.0	Moderate
Water	51.7	10.8	37.5	100.0	Low
Sewerage system	77.7	9.9	12.4	100.0	High
Garbage removal	79.1	9.8	11.1	100.0	High
Curling rink	75.6	15.1	9.3	100.0	High
Skating rink	83.7	11.9	4.4	100.0	High
Enclosed recreation center	52.9	22.4	24.7	100.0	High
Sports field	78.9	13.1	8.2	100.0	High
Golf course	65.4	16.6	18.0	100.0	Moderate
Swimming pool	62.4	11.2	26.4	100.0	High
Children's playground	58.1	22.2	19.8	100.0	Moderate
Picnic grounds and park	65.0	19.1	15.9	100.0	Moderate
Community-owned sports equipment	40.5	30.2	29.3	100.0	Low
Medical clinic	64.2	10.9	24.9	100.0	Moderate

TABLE 6.2 Continued . . .

	Satisfied (or) Very Satisfied (%)	Indifferent (%)	Dissatisfied (or) Very Dissatisfied (%)	Total Percentage	Satisfaction Rank
Hospital	73.5	16.0	10.5	100.0	Moderate
Nursing home	71.4	11.4	17.2	100.0	High
Mental health care	30.2	34.4	35.4	100.0	Low
Drug abuse services	24.4	32.2	43.4	100.0	Low
Alcohol addiction services	40.6	26.2	33.2	100.0	Low
Family planning	33.4	32.3	34.3	100.0	Low
Family counselling	25.4	31.4	43.2	100.0	Low
Child protection services	28.3	32.8	38.9	100.0	Low
Children's day care	27.9	32.8	39.3	100.0	Low
Services for handicapped or retarded adults	31.7	33.8	34.5	100.0	Low
Services for handicapped or retarded children	24.0	36.1	39.9	100.0	Low
At-home aid to senior citizens	77.2	11.4	11.4	100.0	High
Senior citizens' housing	76.9	11.3	11.8	100.0	High
Police services	76.3	11.5	12.2	100.0	High
Fire protection services	81.4	12.8	5.8	100.0	High
Ambulance services	75.0	11.1	13.9	100.0	High

TABLE 6.3

COMMUNITY SERVICES FOR WHICH RESIDENTS EXPRESS A HIGH LEVEL OF SATISFACTION

	Mean Score	Standard Deviation	Respondents Satisfied or Very Satisfied With Existing Provisional Levels (%)
Elementary school	1.45	0.80	89.7
Kindergarten	1.46	0.82	90.0
Skating rink	1.59	0.91	83.7
High school	1.64	1.04	82.9
Fire protection	1.65	0.94	81.4
Curling rink	1.77	1.13	75.6
Sports field	1.80	1.00	78.9
Police protection	1.83	1.22	76.3
Garbage removal	1.83	1.11	79.1
Senior citizen's housing	1.86	1.18	76.9
Public library	1.87	1.06	75.1
At-home aid to senior citizens	1.89	1.13	77.3
Hospital	1.91	1.20	73.5
Sewerage system	1.92	1.19	77.7
Ambulance	1.96	1.24	75.0

assistance services such as house and household maintenance assistance, and home nursing care also received high satisfaction scores. As was noted in Table 4.2, all but one of the sample communities had a Home Visit program of some form organized within the community. Despite the comparatively high level of satisfaction that was assigned this service, however, discussions with service providers revealed a problematic factor which had the potential for adversely affecting this evaluation.

A criticism voiced by both groups concerned the needs assessment process which applicants are required to undergo prior to a decision being made to grant assistance available under the Home Visit program's terms of reference. The task of the local Assessment Coordinator is to meet with applicants and through a personal interview, complete an assessment form through which the applicants' level of "need" is determined. Information sought comprised a type of 'means test' and included medical, psychological, social and financial questions. The concern expressed was that the nature of many questions and the depth to which the inquiry was pursued was often embarrassing or humiliating to the applicant and as a result, risked alienating persons in legitimate need of the program's assistance. While some assessment mechanism is necessary to ensure assistance is directed to those most in need of it, it was the shared view of some respondents that the privacy and dignity of potential users (clients) must be respected in that process.

Facilities for ice and field sports were assessed at High satisfaction levels. As Table 6.2 indicates, fewer than 10 percent of respondents indicated any level of dissatisfaction with local curling rink facilities, and this proportion dropped to almost 4 percent in the case of skating rinks. Similarly, only 8 percent of respondents recorded negative assessments for local sports fields.

Community sanitation services, in terms of garbage collection and removal as well as sewerage systems were seen to be well provided among study communities. Of the various physical services considered in this research, these were the only two to enter this upper satisfaction category.

Services which provide personal and property protection to residents in small communities were seen to be highly satisfactory by survey respondents.This was inclusive of police, fire and ambulance services.

The efforts of the Saskatchewan Regional Library system to provide access to library services to rural and small communtity residents appear to have met with significant success. Public libraries emerged as the final community service to be assessed a high level of respondent satisfaction.

It should be noted that none of the health care services were included from this upper satisfaction level, nor were social services, with the exception of those services focused specifically at assisting senior citizens, as discussed above.

MODERATE SATISFACTION: The services which enter this assessment category are those which respond, with some degree of adequacy to the needs of the community for that service but which leave some level or nature of need unfullfilled. Perhaps most notable among these (as shown in Table 6.4) are medical care services. Hospitals, medical clinic/doctor's offices and nursing homes were all evaluated at levels which placed them into this ranking. The proportion of respondents who reported being very satisfied or satisfied with existing levels of service provision ranged from 73.5 percent in the case of hospitals to 64 percent in the case of medical clinic/doctor's offices. Mean satisfaction scores also ranged from 1.91 to 2.29, respectively. Seventy-one percent of respondents indicated they were satisfied with existing nursing home services. (Mean satisfaction score = 2.05.)

Reference to Table 4.2 reveals that among the sample communities, three had neither a hospital nor a functioning medical clinic/doctor's office located locally. In all cases, residents were usually required to travel outside the community in search of even 'routine' medical assistance. In discussions with residents of these centers, the complaint of having to drive into the city, particularly during the winter when highway travel could be particularly hazardous, was voiced on several occasions. Also of concern was the dilemma faced by older residents who did not drive and had no ready transportation into the city to access medical care. These

TABLE 6.4

COMMUNITY SERVICES FOR WHICH RESIDENTS EXPRESS A MODERATE LEVEL OF SATISFACTION

Service	Mean Score	Standard Deviation
Hospital*	1.91	1.20
Street Lighting	2.03	1.14
Nursing home	2.05	1.36
Picnic grounds and park	2.19	1.26
Golf course	2.24	1.35
Medical clinic/doctor's office	2.29	1.46
Children's playground	2.30	1.30
Adult non-formal educational programs	2.50	1.17
Enclosed recreation center	2.53	1.46

*Hospital services were assigned to this Satisfaction ranking on the basis of satisfaction/dissatisfaction scale response distribution.

concerns may have combined to depress satisfaction scores and preclude these medical services from the high satisfaction category. Also problematic could be the fact that medical practices in the sampled communities were usually staffed by a single physician. Large caseloads could result in patients experiencing difficulty in arranging doctor appointments. This too could have depressed satisfaction levels in communities where a medical practice did exist.

In those sample communities in which a nursing home had been established, these institutions were fully occupied with long waiting lists of persons seeking admittance. The local hospitals often served as an overflow facility, admitting persons (usually senior citizens) who were critically in need of nursing home care but unable to gain admittance there. The capacity of these facilities, too, is limited, and their primary function of another nature. These factors may have contributed toward tempering the satisfaction assessment for both hospital and nursing home services.

Cultural services received a moderate level satisfaction assessment. Only 41 percent of respondents reported that they were very satisfied or satisfied with the services which existed in their communities. The large standard deviation here may be due to to the large variation in provision levels, discussed earlier, among sampled communities.

The only physical service to be assessed at this satisfaction level was street lighting. Twenty-eight percent of respondents were less than satisfied with the level at which it was provided at the time of this survey. Although the provision of street lighting was comprehensive in all sample communities, a commonly heard complaint was that more recently developed residential areas were provided better lighting, and various other physical services, than were older areas of the community.

Among recreation services, childrens' playgrounds, picnic grounds and parks and golf courses entered this evaluation level.

Adult non-formal education programs, organized and delivered primarily through the Saskatchewan Regional Community College System, are the final community service to be included in this satisfaction ranking. Although courses are designed in response to articulated

resident interest, only 52 percent of respondents reported being satisfied or very satisfied with existing non-formal education services.

LOW SATISFACTION: The services which enter this evaluation level may be described as those which least adequatedly fullfill the needs at which they are focused. In other words, the needs gap in the case of these services is most clearly defined of all the response categories generated. Physical and social services comprise the majority here. As is shown in Table 6.5, 28 percent of respondents indicated some degree of dissatisfaction with the condition of local sidewalks. This proportion increased to 33 percent for streets and to almost 38 percent for water services. Poor street conditions, incomplete provision of all-weather streets (oiled, paved, etc.) throughout the community and the absence of sidewalks seemed particularly problematic in those communities which had experienced rapid population growth and town-site expansion in the few years preceding this study. The Town Councils in these centres seemed hard pressed to provide the financial resources required to upgrade these services, particularly in newer subdivisions. Curiously, there appears to be some difference in perception among residents on the issue of whether a particular residential group is being favored over another in the provision of these services. Opposing factions (residents in recently developed areas versus those in more established areas) each complain that they are the victims of inequitable provision. As Table 4.1 shows, the extent of coverage by each of these services varies widely among sample communities. Although each community had some source of drinking and utility water, supply sufficiency and quality was clearly questioned by residents in some centers.

Social services, as a general category, received a universally low evaluation of satisfaction. In fact, they ranked lowest among all community services considered in this study in terms of generating the largest proportion of respondents who were dissatisfied with their current level of provision. Mean satisfaction scores ranged from 2.88 for services focused at alcohol abuse-related problems (with 33 percent of respondents indicating service dissatisfaction) to 3.30, the lowest of all services considered, for drug abuse-related services (43

TABLE 6.5

COMMUNITY SERVICES FOR WHICH RESIDENTS EXPRESS A LOW LEVEL OF SATISFACTION

Service	Mean Score	Standard Deviation	Residents Dissatisfied or Very Dissatisfied with Existing Levels of Provision (%)
Cultural services	2.71	1.17	36.6
Sidewalks	2.71	1.30	27.5
Community water supply	2.74	1.33	37.5
Community-owned sports equipment	2.77	1.35	29.3
Streets	2.79	1.42	33.0
Alcohol addiction services	2.88	1.33	33.2
Family planning	2.97	1.21	34.4
Services for handicapped or retarded adults	3.03	1.25	34.5
Education services for the mentally or physically handicapped	3.04	1.27	44.0
Museum of local history	3.06	1.38	36.6
Adult formal educational programs	3.07	1.34	40.1
Mental health services	3.08	1.27	35.4
Children's daycare	3.14	1.26	39.3
Child protection services	3.19	1.22	38.9
Services for handicapped children	3.22	1.23	39.9
Family counselling	3.25	1.21	43.2
Drug addiction services	3.30	1.29	43.4

percent of respondents indicating service dissatisfaction in this case.) The assessment scores for the remaining social services (excluding aid-to-independent living services for senior citizens, which were rated as being highly satisfactory) all fell within this range. As was stated earlier, low satisfaction with social services may be due less to non-provision of various services than to accessibility barriers and lack of awareness among residents that services can be accessed in their respective communities. Accessibility in this context refers to the presence of service providers (Public Health Nurse, Social Worker, general practitioner, etc.) who can refer the individual to approriate agencies and institutions located outside the community, which provide needed services. This possibility became more plausible following discussions with several mayors and town administrators which revealed that they were uncertain as to whether specific social services were available in their community. Also, because many of these services address problems which are sociopolitically sensitive, availability of services may not be publicized by users, nor become known to nonusers who may be in need.

The issue of service accessibility may be considered from another perspective. A comment offered by one resident who had attempted to gain access to a particular social service illustrates this quite well:

> "When you ask them for help, the first thing they do is give you a mile high stack of forms to fill in. Then after you wait a month for the social worker to come back to town and spend half a day sitting in the waiting room, maybe then you'll get to see somebody ... if you're lucky."
>
> (Comment recorded in an informal interview with a resident of a rural regional centre)

In most cases, an itinerant social worker visits selected communities on a once- or bi-monthly basis. Caseloads include local residents as well as those from other small communities and rural areas included in the office's jurisdiction. As a result, the amount of time available to devote to individual cases is necessarily limited.This factor, too, may have contributed to the depressed levels of satisfaction with this bundle of community services.

Community-owned sports equipment was the single recreation service to receive a low satisfaction evaluation. The mean satisfaction score generated for this service was

2.77, with some 30 percent of respondents indicating dissatisfaction with existing provision. While cross-country skiis, snowshoes, and court-sport racquets, among other equipment, had been purchased for public use in several communities, it would appear that these levels of provision are not yet universal or adequate.

Services to assist handicapped persons were not seen be be satisfactorily provided by study respondents. Existing special education services, in fact, were considered unsatisfactory by 44 percent of persons surveyed. This was the largest proportion of dissatisfied/very dissatisfied respondents among the community services which were evaluated. As noted earlier, the availability and nature of special education services varied among the sampled communities. Where they did exist, their provision was in response to a specific recognized need. Whether outstanding needs remain in these centers and those presently unserved by special education programs is unknown. The responses of survey respondents suggests that further investigation into this question may be warranted.

Some 37 percent of respondents indicated dissatisfaction with the provision/availability of a local historical museum in their community.

Finally, with respect to education services for adults, it would appear that greater progress has been made toward satisfying need in the area of non-formal than in formal programs. (It will be remembered that non-formal programs entered the moderate satisfaction category.) Respondents were quite well-educated, 42 percent having had some exposure to post-secondary education or training. They may perceive however, that continual upgrading is necessary to 'keep pace', whether professionally or personally, with a rapidly changing world. But for whatever reason, there was a perceived need for adult upgrading, technical training, and for degree and certificate programs available at the community level. Although such programs are available, to some degree, through the Saskatchewan Regional Community College system, it would appear that existing levels of provison do not adequately fullfill resident needs. A full 40 percent of respondents indicated dissatisfaction with the current adult formal-education services available to them.

B. Service Essentiality

Community services are heterogeneous in terms of perceived essentiality for provision in small communities. That is, given a group of community services, some will outrank others on the basis of indispensability relative to fullfilling the needs of service consumers. Such a hierarchy of essentiality provides important information for service delivery decision making, particularly within the context of scarce resources. Obviously, a service which is perceived to be essential should receive priority over those considered less so. In this research, variation in essentiality also translates as an indicator of the intensity or fullfillment urgency of need.

The task required of respondents in completing the questionnaire item which dealt with service essentiality was the same as that involved in reporting their satisfaction with given services. A Likert-type response frame was provided and the respondent required to cognitively equate his perception of specific service essentiality with the appropriate discrete numerical element on the scale. Extreme scale positions ranged from 1. (very essential) to 5. (very non-essential).

A mean essentiality score for each service was calculated by summing scale responses and dividing by the total number of usable responses for that service. These data are presented in Table 6.6. It is noteworthy that scores were concentrated in the upper half of the essentiality distribution. The overall essentialy mean score was 1.72, with the range of scores extending from 1.03 - 2.67. Standard deviation from the mean varied among services, in some cases widely, indicating absence of concensus among respondents.

To permit a more meaningful interpretation of these data, a stratification framework was developed which discriminated services, on the basis of essentiality scores, into high, moderate and low classifications. Parameters for each category were established by viewing the distribution of scores as plotted on a histograph and identifying 'natural breaks'. On this basis, those services having a mean essentiality score within the range of 1.00 - 1.23 were assigned to the high essentiality category; those within the range 1.24 - 2.01 were considered to be of moderate essentiality, while all those above 2.01 formed the low essentiality category. It should

TABLE 6.6

RESPONDENT ASSESSMENT OF COMMUNITY SERVICES ON THE BASIS OF PERCEIVED ESSENTIALITY FOR LOCAL PROVISION

Service	Service Mean Score	Standard Deviation	Essentiality Ranking
Culture - Education			
Public library	1.43	0.82	Moderate
Museum of local history	2.67	1.27	Low
Cultural arts programs	2.01	1.06	Moderate
Kindergarten	1.31	0.80	Moderate
Elementary school	1.05	0.29	High
High School	1.06	0.31	High
Adult formal education programs	2.14	1.13	Low
Adult non-formal educational programs	2.14	1.09	Low
Education services for the mentally or physically handicapped	1.97	1.12	Moderate
Physical Services			
Streets	1.23	0.63	High
Sidewalks	1.42	0.82	Moderate
Street lighting	1.23	0.59	High
Community water supply	1.11	0.53	High
Sewerage system	1.08	0.36	High
Garbage removal	1.10	0.42	High
Recreation			
Curling rink	1.65	0.90	Moderate
Skating rink	1.37	0.66	Moderate
Enclosed recreation center	1.87	1.09	Moderate
Sports field	1.54	0.82	Moderate
Golf course	2.12	1.18	Low
Swimming pool	1.90	1.13	Moderate
Playground for children	1.38	0.70	Moderate
Picnic grounds and park	1.73	0.90	Moderate
Community owned sports equipment	2.52	1.33	Low
Health and Social Services			
Medical clinic (doctor's office)	1.16	0.47	High
Hospital	1.38	0.91	Moderate
Nursing home	1.40	0.80	Moderate
Mental health services	2.29	1.23	Low
Drug addiction services	2.40	1.31	Low

TABLE 6.6 Continued . . .

Service	Service Mean Score	Standard Deviation	Essentiality Ranking
Alcohol addiction services	2.01	1.18	Moderate
Family planning	2.61	1.25	Low
Family counselling	2.44	1.23	Low
Child protection services	2.40	1.30	Low
Community day care	2.54	1.28	Low
Services for handicapped or retarded adults	2.24	1.20	Low
Services for handicapped or retarded children	2.23	1.19	Low
At-home aid to senior citizens	1.49	0.80	Moderate
Senior citizens' housing	1.37	0.70	Moderate
Protective Services			
Police services	1.13	0.50	High
Firefighting protection	1.08	0.35	High
Ambulance services	1.22	0.57	High

be remembered that this stratification is a relative one.

An interesting relationship appeared between essentiality level and standard deviation scores. Among services identified as highly essential, the degree of deviation of individual response scores from the service mean score was small; that is, respondents appeared to agree in their perceptions of essentiality on these services. Among those services having a low level of essentiality, the standard deviation among responses was broad, indicating a strong lack of concensus among respondents over the essentiality of these services, relative to the needs of small community residents. Among services falling into the moderate essentiality category, standard deviations tended to increase as service mean scores increased. That essentiality mean scores were concentrated in the upper half of the evaluative range (higher essentiality) suggests two contrasting general conclusions: first, that the questionnaire item was to some degree, leading, in that respondents were subconsciously discouraged from assigning evaluations of nonessentiality. However, given the varying degrees of deviation from mean scores, this seems unlikely. Second, that residents of small communities are quite sophisticated in their perceptions of the constituents of a desireable QOL, with a broad range of community services being recognized as integral to its definition. Refected, too, in this finding is an urban ethos which suggests that the residents of small communities no longer exist on the fringes of modern society.

HIGH ESSENTIALITY: The services which comprise this category may be considered as those which the residents of small communities feel it most essential to have locally provided. As residents of such centers, survey respondents revealed that their primary requirements lay with the formal education needs of children, protective services for the security of their person and property, basic infrastructural (physical) installations and general medical care services in the form of a medical clinic or doctor's office. These services and their mean essentiality scores are shown in Table 6.7.

The provision of formal education services in small communities has long been the focus of concern and debate in the service planning/delivery sphere. The maintenance of

TABLE 6.7

COMMUNITY SERVICES ASSESSED TO BE HIGHLY ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES

Service	Mean Score	Standard Deviation
Elementary school	1.05	0.80
High school	1.06	0.29
Sewage system	1.08	0.36
Fire protection services	1.08	0.35
Garbage removal	1.10	0.42
Water services	1.11	0.53
Police services	1.13	0.50
Medical clinic/doctor's office	1.16	0.47
Ambulance	1.22	0.57
Streets	1.23	0.63
Street lighting	1.23	0.59

modern, well-equipped schools and retention of accredited teaching staff is often difficult in the face of declining enrollments, increasing operating costs and changing instructional curricula and technology (which now includes such things as computer-assisted and oriented learning) is of a real concern for many small communities. This concern extends beyond the question of justifiable financial cost. The quality of education in these schools must be sufficient to enable local students to compete on an equal basis with their city-schooled counterparts upon graduation. Despite the economic and qualitative questions of costs vs. benefits in providing formal education services to children in small communities, residents consider availability at the local level to be highly essential. It needs to be remembered that the local school fulfills a broader role than that of training and educating children within an institutionalized curriculum. It is also a source of community identification and involvement for students participating in academic and extra-curricular activities as well as for adults who become variously involved in such activities. The school may also be a focus (and source) of cultural and recreation services which might not otherwise be available. It is also likely that the school is one of the larger employers in the community, requiring instructional, technical, and support staff. In light of this it is hardly surprising that residents attach considerable importance to having comprehensive education facilities locally based.

The inclusion of physical and protective services into this upper essentiality category is not unsual. Physical services constitute the basis for community existence and it is toward the provision and maintenance of adequate levels of these as a group that a major proportion of community expenditures are usually directed. Owing to high costs, small communities generally require outside financial assistance to support service improvement activities in these sectors.

The availability of routine medical care and of an ambulance service in small communities was considered to be highly essential by survey respondents. The presence of a hospital, however, was not. Generally, patients who require more than routine recuperative care must seek such medical services in the city where highly skilled medical personel and advanced facilities are located. In the view of respondents, provision for a means to access this

level of medical care (ambulance service) is more essential than duplicating such services locally.

Notably absent from this essentiality category were social services.

MODERATE ESSENTIALITY: Based upon respondent evaluations, the services which are listed in Table 6.8, emerged as having an intermediate position in the developed essentiality scheme.

Recreation services and services which address the needs of senior citizens dominated this category. Of the recreation services presented for evaluation, only two were not included here. If considered hierarchically, recreation services which require a substantial capital expenditure (curling rink, enclosed recreational centre, swimming pool) were viewed to be less essential than those requiring a more modest investment, such as a children's playground and community sports ground. Skating rinks emerged as the single exception to this 'rule'. It is interesting that skating rinks received a relatively higher assessment of provisional essentiality than did curling rinks. The explanation for this difference may lie in the fact that a skating rink may be used by a broader clientele, in terms of age, given that children are usually able to skate long before they are able to curl. Thus, if residents of small communities value the provision of recreation opportunities for children over those more exclusive to the adult population, it is not surprising that provision of skating rinks is considered to be marginally more essential.

Services which would enable senior citizens to reside in the community, whether independently or in an institutional setting, placed in the upper range of this mid-level essentiality category. Specific services would include public housing intended specifically to provide subsidized rental accommodation to senior citizens, as well as those services broadly categorized under the rubric of 'at-home aid to senior citizens'. The concept underlying such services would be similar to that upon which the Home Visit program, organized under the auspices of the Saskatchewan Dept. of Public Health, is structured. The provision of nursing homes for those persons who require institutionalized care (and in small commuunities this

TABLE 6.8

COMMUNITY SERVICES ASSESSED TO BE OF MODERATE ESSENTIALITY FOR PROVISION IN SMALL COMMUNITIES

Service	Mean Score	Standard Deviation
Kindergarten	1.31	0.80
Skating rink	1.37	0.66
Senior citizens' housing	1.37	0.70
Hospital	1.38	0.91
Children's playground	1.38	0.70
Nursing home	1.40	0.80
Sidewalks	1.42	0.82
Library	1.43	0.82
At-home aid to senior citizens	1.49	0.80
Sports field	1.54	0.82
Curling rink	1.65	0.90
Picnic park	1.73	0.90
Enclosed recreation center	1.87	1.09
Swimming pool	1.90	1.13
Education services for physically or mentally handicapped children	1.97	1.12
Alcohol addiction services	2.01	1.18
Cultural services	2.01	1.06

largely refers to seior citizens) was also rated at a moderate level of essentiality.

The inclusion of hospitals in this intermediate essentiality category was at first regarded as unusual, given that other medical services received a much higher evaluation. Would the residents of small communities not prefer local hospitalization and treatment, nearer to home and family, when it is required? The economic and logistical ramifications of constructing, equipping, staffing and maintaining hospital facilities are formidable, certainly beyond the capability of most, if not all, small communities without government intervention. Even in those small communities where hospitals are in operation, only the routine medical cases are locally handled. As was earlier discussed, patients who require specialized or advanced treatment generally must travel to larger urban centers, thus precluding local hospitalization. At the same time, the convenience and psychological benefits of local hospitalization in less serious medical cases cannot be overlooked. On this basis, the assignment of a moderate rating of essentiality to this community service can be understood.

Of the entire range of social services which were evaluated by respondents, only those which address needs related to of alcohol abuse were singled out as having a moderate level of essentiality for provision in small communities. The greater emphasis on this service may indicate that alcohol abuse is a problem of more significant proportions in small communities than are those addressed by other social services. On the other hand, it may indicate that alcohol abuse is the most visible of the social problems, or that 'treatment' at the community level is more socially acceptable or more necessary than may be the case for other social problems.

Other community services included in this category were sidewalks (the only physical service not rated as being highly essential), as well as public libraries, cultural services and specialized formal education services for physically or mentally handicapped children. That the latter service entered this category provides some evidence of the neighbourliness and sense of cohesion that has traditionally characterized small communities. In a small population, it is unlikely that the number of children who require specialized educational assistance would be

large. Such services would likely be available in larger communities or cities. Rather than relegate provisional responsibility to outside centres or to the family(ies) requiring such services, residents see it of some essentiality to have those services locally available.

Provision of educational programs for children of kindergarten age was also rated at mid-level essentiality.

LOW ESSENTIALITY: Of the various social services presented for evaluation (except for formal education services for handicapped children and special services for senior citizens) all were viewed to be of a low level of essentiality for local provision. Mean essentiality scores, as shown in Table 6.9, ranged from 2.24 (highest), for services to assist in the day-to-day care of mentally or physically handicapped children, to 2.61 (lowest) for family planning programs. An explanation for this low priority may be derived from the nature of the problems which these services are designed to address. Social services focus upon human problems which often are psychologically and socially sensitive. Traditionally, such problem areas have been the responsive domain of the family, but nowadays they are increasingly relegated to the state. While formal institutions and agencies have been created to take over where traditional support systems are no longer in place or adequate, their somewhat indifferent reception suggests that full recognition and acceptance of this functional transfer has not yet occurred.In some cases, because problems of this nature (family violence, for example) continue to be considered a private matter, it is possible that the need for an intervention program at the community level is still not accepted.

With respect to children's day care services, in contrast to the recent experience in larger urban centres, residents of small communities do not perceive local provision of this service to be very essential. The requirement for such child care services is a function of age in female labour force participation and changes in North American family structure. Recent studies have shown that the proportion of non-metropolitan women actively involved in the work force is increasing and the numbers of single parent families and families in which both parents are working outside of the home is also expanding. In the case of Saskatchewan small

TABLE 6.9

COMMUNITY SERVICES ASSESSED TO BE OF LOW ESSENTIALITY FOR PROVISION IN SMALL COMMUNITIES

Service	Mean Score	Standard Deviation
Golf course	2.12	1.18
Adult formal education programs	2.14	1.13
Adult non-formal education programs	2.14	1.09
Services for mentally or physically handicapped children	2.23	1.19
Services for mentally or physically handicapped adults	2.24	1.20
Mental health services	2.29	1.23
Child protection services	2.40	1.30
Drug addiction services	2.40	1.31
Family counselling	2.44	1.23
Community-owned sports equipment	2.52	1.33
Children's day care services	2.54	1.28
Family planning services	2.61	1.25
Museum of local history	2.67	1.27

communities, respondent evaluations would suggest that such services are not yet considered essential.

Only two of the recreation services presented for evaluation were consided have a low level of essentiality for provision. These were golf courses and community owned sports equipment. It is interesting that the main score of essentiality generated for golf courses (2.16) exceeded that of all social services in this category, again with the exception of alcohol addiction focused services.

While the formal education needs of their children were considered by respondents to be of high essentiality, their own needs in this area did not recieve as high an evaluation. The provision of both formal and non-formal adult education services was considered to be of low essentiality .

The provision of museums of local history received the lowest evaluation of essentiality of all community services considered by this study.

The Three Most Essential Services

Questionnaire item 8 performed a dual purpose. First, it was intended to reveal which three services (excluding all the physical services) residents of small communities consider most essential in their home centres. This exercise permitted an even finer rendering of data resulting from the previous question. Also, results would serve as a double-check of the correctness of the arbitrarily determined point of differentiation between High and Medium essentiality rankings in the analysis of that same question. If the services cited in response to this question complimented those which were ranked to be of High essentiality in question 7A, the assumed validity and reliability of that data and analysis would be supported. In designing this question, it was decided to exclude physical services from consideration on the assumption that these services constitute the basis for the very existence of a community -- it would be almost impossible for a community to exist, in a practical if not legal sense, in today's society without the presence of a public water supply system, community sewerage system, some form

of street and road maintenance, etc. It was hoped to determine what services, in addition to physical services, are considered essential in small communities. Respondents were instructed to select services from the selection presented in Questions 7A and 7B and list these in order of essentiality. In some cases, they provided their own responses, including services not listed. The services cited in each of the three rankings were ordered on the basis of response frequency, with the modal service accepted as the overall result. The three most essential community services are presented in terms of modal responses in the following table.

The category of Educational services (general) was created as a result of a number of respondents having simply listed "education" as one of the three services they considered most essential for small communities, making no differentiation as to level or nature of that service. In compiling response frequency tables, kindergarten, elementary school and high school service categories were collapsed and integrated with the general Education service responses. Once done, this category of service emerged as the modal response in terms of the most essential service to be provided in small communities. The second and third positions of this essentiality triad were assigned to Police services and Firefighting protection, respectively. This latter result is of even greater significance given that the questionnaire item began with the statement "Even if police and fire protection are available from a neighbouring town ..." It would appear that simple accessibility to these two services is not sufficient in the view of community residents. Rather, they see local institution of these services to be of premier importance relative to other types of community services.

Table 6.10 presents the three most essential services as ranked by modal responses. Tables 6.11, 6.12 and 6.13 present the overall responses to this question, differentiated on the basis of response order. For example, Table 6.11 enumerates services, and their response frequencies ranked by respondents as the first most important service viz a vis provision in small communities. Table 6.12 presents similar data for services ranked to be the second most important, and so on for Table 6.13. In each table, the category "Other services" has been included as a general aggregate category for all services cited by two or fewer respondents.

TABLE 6.10

THE THREE MOST ESSENTIAL COMMUNITY SERVICES (EXCLUDING PHYSICAL SERVICES) AS RANKED BY RESIDENTS' MODAL RESPONSES

Rank	Service
First response	Education services (general)
Second response	Police services
Third response	Firefighting protection

TABLE 6.11

SERVICES MOST ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES - FIRST RESPONSE BY RESIDENTS

Service	Absolute Frequency (No.)	Relative Frequency (%)
Educational services (general)	52	25.4
Police services	37	18.0
Medical clinic/doctor's office	35	17.1
Hospital	26	12.7
Firefighting services	22	10.7
Ambulance	7	3.4
Nursing home	3	1.5
Other services	23	11.2
Total	205	100.0

TABLE 6.12

SERVICES MOST ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES - SECOND RESPONSE BY RESIDENTS

Service	Absolute Frequency (No.)	Relative Frequency (%)
Police services	34	16.7
Firefighting services	33	16.2
Hospital	32	15.7
Educational services (general)	31	15.2
Medical clinic/doctor's office	20	9.8
Ambulance	12	5.9
Nursing home	6	2.8
Senior citizens housing	5	2.5
At-home aid to senior citizens	3	1.5
Recreation facilities (general)	3	1.5
Other services	25	12.2
Total	204	100.0

TABLE 6.13

SERVICES MOST ESSENTIAL FOR PROVISION IN SMALL COMMUNITIES - THIRD RESPONSE BY RESIDENTS

Service	Absolute Frequency (No.)	Relative Frequency (%)
Police services	20	10.2
Educational services (general)	20	10.2
Medical clinic/doctor's office	17	8.5
Hospital	17	8.5
Ambulance	16	8.1
Nursing home	8	4.1
At-home aid to senior citizens	7	3.6
Senior citizen housing	7	3.6
Recreation facilities (general)	7	3.6
Skating rink	7	3.6
Enclosed recreation center	6	3.0
Other services	38	19.3
Total	197	100.0

Considering the results of this question as a whole, several generalizations may be made. First, the composition of the six most frequently cited services is stable through all three rankings, although order or positioning within that group varies. Second, all services which were assigned the rank of high essentiality in Question 7, (again with the exclusion of physical services) were cited in each of the three ranking categories and composed the group of services listed with highest frequency in each. Cited with less frequency (both absolutely and relatively) were services which were ranked as of moderate essentiality in Question 7. Only one such service appeared in the first response list in this question, with the greatest number entering the third ranked response list. Among these, services focused at the specialized needs of senior citizens led the way, followed by recreational services, particularly skating rinks and enclosed recreation centres. Referring back to Table 6.6, it is noted that these services tended to concentrate toward the upper parameter (more essential) as determined by mean service scores of that category. Finally, none of the services which were considered to be of low essentiality in Question 7, appeared in the responses to this question.

Given the above observations, Hospital services proved to be the single exception to the general correspondence of results between Questions 7A and 8, both of which addressed respondent perceptions of service essentiality. Although respondent assessment of Hospital services in the first case was at the moderate ranking, this service figured prominently in the responses of residents when asked to list what they considered to be the three most important services to be available in small communities. A plausible explanation may lie in the different tasks required of respondents in answering the two questions. In the case of Question 7A, the respondent's task was to manually work through a list of 41 services and provide an assessment of provisional essentiality for each. It may be that assessments were relative, influenced by the assessments given to neighbouring services included on the list. In the list of services presented in Question 7A, hospital services were preceded (positionally) by medical clinic/doctor's office. Given that the latter service was assigned a relatively high rating of essentiality, it is possible that respondents weighed these two services against each other and considered hospital services

to be less essential, thus assigning it a lower rating which, in turn, placed it in the moderate essentiality category. In Question 8, on the other hand, respondents were asked simply to list 3 services. It may be that hospital services were intended as a coarse generic label for medical care services in general (assuming that the existence of a hospital requires the presence of a doctor who will likely also have a practice office outside the hospital, and which can also fulfill some of the functional role, of nursing homes, etc.). As such, hospital services will remain in the medium essentiality ranking, established in Question 7A.

These data permitted further analysis to proceed with confidence.

C. Provisional Emphasis

Hodge and Qadeer, in their study of needs among residents of Canadian small communities, sought to identify the types of community service improvement projects which had been undertaken in sample communities during a ten year period immediately proceeding their study. It was their assumption that these would be reflective of the needs of community residents during that period, given a still more basic assumption that the values and perceptions of community decision makers parallel those of their constituents. The validity of this latter assumption has been questioned by recent research. In this investigation, respondents were asked to indicate which services, if any, they considered the local Town Council to be overemphasizing or underemphasizing in current provisional activities. The questionnaire item was presented in an open ended format so as not to restrict respondents in the types of services they could consider, and also, to provide opportunity for additional comments to be offered, which a number of respondents did. The data generated from this question serves a dual purpose: it provides some insight into the degree of perceptual congruence between community service needs as perceived by residents and those perceived by their local government officials, and it allows an additional perspective on resident satisfaction with various community services and, implicitly, existing needs in small communities.

TOO LITTLE EMPHASIS: Almost one half of sample respondents identified at least one

community service which they considered to be insufficiently emphasized in the provisional priorities and activities of their local Town Council. While the resultant list of services was broad in nature, physical services constituted almost two-thirds of all services cited, with the condition of streets and water supplies being of preeminent concern.

The following comments offered by respondents are indicative of the nature and scope of their concerns.

"...condition of roads and the town property generally."
(Respondent from a hometown)

"Streets and sidewalks. We live in a new area with very poor streets and NO sidewalks (5 year old area). We sink in the mud and often cannot drive our car into our yard. I complained to mayor and town council for many months to at least put some gravel on it. I was told the town could not afford it. After much complaining by all our neighbours and a visit to town council -- we received 2 loads but still need at least 4. Many areas still have NO sidewalks."
(Respondent from a hometown)

"Town should have more sidewalks. We are paying too high taxes for what we have -- there are properties where weeds are hiding the buildings and garbage scattered all over. Furthermore, sidewalks (should) be built without extra ratepayers expense."
(Respondent from a rural regional center)

"The sidewalks are in good shape but I have a child (baby) and pushing her in a carriage is very awkward as the sidewalks in the residential area do not have slanted sections for easy access."
(Respondent from a rural regional center)

"Improve the sidewalks and do not expect the citizens to pay for it."
(Respondent from a rural regional center)

"... not improving the older section of town. Newer area of town seems to get better streets, lighting and sidewalks."
(Respondent from a hometown)

"Street maintenance is practically non-existent. Only half the town has sidewalks

and trees supplied by the town. Streets definitely need to be improved and paved."

(Respondent from a hometown)

"Getting us water, we can't even plant lawn."

(Respondent from a District Service Town)

"Our water supply and the quality of our water can be improved. We could use better qualified labour on the town work crew."

(Respondent from a hometown)

"Inadequate drainage. Many residents have to contend with water in basements."

(Respondent from a District Service Town)

"... keeping the town clean and tidy. Water supply has not always been adequate and they are slow to act on this issue."

(Respondent from a hometown)

"I feel that there are two areas which are neglected. I feel more time and money could be put into beautification of our town; our streets are terrible, we have very few sidewalks, poor street lighting in the residential areas and many old, empty buildings in the town (commercial and residential) that could be torn down."

(Respondent from a rural regional center)

"I would like to see the old shacks and vacant lots cleaned up."

(Respondent from a hometown)

Facilities and planned activities for teenagers emerged as the third most frequently cited service, in terms of comparative provisional underemphasis. As was discussed in Chapter 4, while most communities were quite well provided with recreational facilities and organized sports programs, few social and non-athletic activities, particularly those suitable for teenage youth, were found. The following comments were offered by respondents to substantiate their concern:

"There are no youth programs in town. If your child does not skate or curl there

is very little for them to do."

(Respondent from a district service town)

"I ... feel that the town lacks suitable entertainment for its teenagers. Many athletic groups exist, but not all of the students are involved, quite naturally, and have nowhere to go and perhaps not much else to do."

(Respondent from a rural regional center)

"... something or somewhere for younger people (mostly teenagers) of the community."

(Respondent from a hometown)

"Too much emphasis on physical sports, nothing for youngsters who are not sports minded."

(Respondent from a hometown)

"I feel that the youth of the town do not have anywhere to go or anything to do in evenings, not even a theatre."

(Respondent from a hometown)

"I really feel there is a problem with our youth. As a parent we complain that they are constantly playing pinball or video games; but they have nothing else to do in town."

(Respondent from a district service town)

Table 6.14 below presents the ten most frequently cited services, considered by respondents to be insufficiently emphasized by Town Council in local provisional efforts. While a total of 33 services were identified, almost 55 percent of responses were concentrated in the top five service categories.

These findings support the results of the earlier section which dealt with community service satisfaction and the application of a discriminative framework which ordered services into hierarchical Satisfaction rankings. In that exercise, Streets, Water services and Sidewalks, were assigned a low satisfaction rank. As these same services emerged among the four services most frequently identified by respondents as comparatively underemphasized, in terms of local provisional activities, the reliability and

TABLE 6.14

COMMUNITY SERVICES IDENTIFIED BY RESPONDENTS TO BE PROVISIONALLY UNDEREMPHASIZED BY LOCAL TOWN COUNCIL

Service	Frequency (No.)	Absolute Frequency (%)	Cumulative Frequency (%)
Streets	31	19.87	19.87
Water	18	11.54	31.41
Facilities and activities (non-athletic for teenagers)	13	9.62	41.03
Sidewalks	11	7.05	48.08
Snow removal and general community maintenance	10	6.41	54.49
Recreation facilities (general)	9	5.77	60.26
Swimming pool	6	3.85	64.11
Hospital	4	2.56	66.67
Nursing Home	4	2.56	69.23
Police Protection	4	2.56	71.79
Other Services	44	28.21	100.00
Total	156	100	100

validity of the earlier results may be assumed with some confidence.

TOO MUCH EMPHASIS: The concept of overemphasized provision suggests one of two factors: that the level of provisional 'concentration' exceeds that which is adequate in response to existing levels of need, or, that "need" for a particular service does not exist. Twenty-seven percent of survey respondents felt that excessive emphasis was being placed upon at least one community service by the Town Council in their communities of residence. As Table 6.15 indicates, Recreation services dominated the list of those cited, encompassing almost 60 percent of total responses. Recreation services also constituted 7 percent of the category listed as "other services". With particular attention toward skating and curling rinks, comments offered by respondents strongly underscored their opinions in this regard:

> "I feel that a lot of emphasis is placed on recreation in the form of sports ... too many other areas suffer from lack of emphasis as a result."
> (Respondent from a rural regional center)

> "Too much spent on hockey arena, considering community population and assumed benefits."
> (Respondent from a rural regional center)

> "We just built a new skating rink and curling rink is not that important as yet."
> (Respondent from a rural regional center)

> "Construction of a new curling rink; keeping the town small and not attracting young couples."
> (Respondent from a rural regional center)

> "... sports for males only."
> (Respondent from a district service town)

> "Recreation. We pay a yearly salary to a Rec. Director. I feel it is only a figure head. We pay close to 50% of our tax dollar towards recreation and there is not a user fee system charged. The services are used heavily by the Rural community who do not pay taxes towards the full cost of this facility. The town people

TABLE 6.15

COMMUNITY SERVICES IDENTIFIED BY RESPONDENTS TO BE PROVISIONALLY OVEREMPHASIZED BY LOCAL TOWN COUNCIL

Service	Frequency (No.)	Absolute Frequency (%)	Cumulative Frequency (%)
Recreation (general)	16	22.22	22.22
Skating Rink	13	18.06	40.28
Curling Rink	6	8.33	48.61
Streets	6	8.33	56.94
Swimming Pool	3	4.17	61.11
Water	3	4.17	65.28
Public Library	3	4.17	69.45
Community Hall	3	4.17	73.62
Other Services	19	26.38	100.00
Column Total	72	100	100

maintain the brunt of the cost."
(Respondent from a hometown)

"Aiding the recreation facilities -- eg. swimming pool - artificial ice in skating rink and curling rink, golf course."
(Respondent from a hometown)

"Sports -- especially the rink. Artificial ice in both curling and skating too expensive to maintain. Of no use to many senior citizens."
(Respondent from a hometown)

"Yes -- recreation centre (curling rink/skating rink/ swimming pool)."
(Respondent from a hometown)

"... recreation -- for the sum spent each year, no real benefit is apparent."
(Respondent from a hometown)

"Too much recreation and not enough for health care of older people."
(Respondent from a hometown)

It is interesting to note that "streets" appear among the services viewed as having excessive emphasis 'placed upon' their provision, given that "streets" also led the list of services considered to be provisionally under emphasized in small communities. This serves to underscore the important fact that residents of small communities are often not homogeneous in their values perceptions and opinions, and implicitly, their needs -- a factor essential to the community service planning and delivery process. As the respondent comments below suggest, the task is one of comparing the relative benefits and advantages between services which address different needs.

"The town library. They've just spent $80,000 on a library add on and (we) have the poorest streets in Saskatchewan."
(Respondent from a hometown)

"They are planning to put a great deal of money into a new Town Hall and we badly need street repair."

(Respondent from a rural regional center)

"Paving street. I wish they would just grade it more often."
(Respondent from a rural regional center)

"I feel they are placing far too much emphasis on street paving at a time when we don't have an adequate water supply."
(Respondent from a rural regional center)

D. Community Services Needs

Introduction

As was discussed in Chapter Two, the identification of need in this research involves a 3-step process, structured upon the integration of two discrete perspectives on commuinity services and community services provision. These perspectives are ***satisfaction*** and ***essentiality***. Using the established operational definition of need as a basis for this discussion, non-perfect satisfaction or, dissatisfaction with a particular service would indicate the existance of a gap between actual and desired level of provision for that service. The level of perceived essentiality for local provision of a service would be interpreted as indicative of the width of the gap, where it did exist. Thus, integration of these two perspectives enables a two-dimensiona portrait to be compiled, which reflects both the existence and intensity of unfullfilled need.

In the conceptualization of this framework, it was deceided to differentiate respondents' evaluations of service satisfaction and service essentiality into three ordinal rankings--***low***, ***moderate*** and ***high***. The relationship between the two variables, when integrated, is inverse relative to the identification of need. That is, where satisfaction is ***high*** and essentiality is ***low*** , the level of need is less intense (relative to urgency for its reduction or satisfaction). Conversely, as satisfaction decreases and essentiality increases, need assumes a greater level of importance. Intermediate rankings of both variables, in

combination, suggest that need is partially fullfilled or unfullfilled but that the degree of urgency for further reduction of need, in a relative sense, is more tempered and may be at least temporarily postponed. On this basis, a set of services may be ranked and prioritized relative to unfullfilled/fullfilled need for provision in a small community.

Table 6.16 presents the needs matrix which results from the integration of the community service satisfaction and essentiality for provision rankings which were developed and discussed earlier in this chapter. As a framework for the interpretation of these data, the following discussion will address those needs for community services improvement which appear most 'outstanding', or for which fullfillment is of highest priority.

Unfullfilled Needs of High Priority in Saskatchewan Small Communities

The community services which enter into this category are those which, in Figure 6.1, appear in the uppermost right hand matrix square (*low* satisfaction/*high* essentiality), in that square to its immediate left (*moderate* satisfaction/*high* essentiality) and in that square immediately below (*low* satisfaction/*moderate* essentiality). The resulting list of priority needs is a modest one, reflective both of the pragmatism of small community residents as well as the progress which has already been made toward creating a desireable QOL in small communities. Physical services dominate the unfullfilled community service needs in Saskatchewan small communties, as those needs are percieved by residents. These services provide the the infrastructural foundation for the physical community and, as such, require continual expansion and upgrading, particularly as local populations increase and the structural lines of the community shift in response. Physical services also constitute one of (if not *the*) major concentrations of municipal government allocations in community service improvement spending. Similarly, such capital works also form a major proportion of senior government emphasis in grant distribution. In 1980, for example, the Saskatchewan Dept. of Municipal Affairs,through the Community Capital

TABLE 6.16

COMMUNITY SERVICE SATISFACTION AND ESSENTIALITY MATRIX

EVALUATION OF SATISFACTION

HIGH	MODERATE	LOW
. Elementary school . High school . Fire protection . Police services . Garbage disposal . Sewerage system . Ambulance	. Street lighting . Medical clinic/doctor's office	. Community water supply . Streets
. Kindergarten . Skating rink . Curling rink . Sports field . At-home aid to senior citizens . Senior citizens' housing . Public library	. Picnic grounds and park . Enclosed recreation center . Childrens' playground . Nursing home . Hospital	. Swimming pool . Educational services for the mentally or physically handicapped . Alcohol addiction service . Sidewalks . Cultural-arts programs . Museum of local history
	. Golf course . Adult non formal educational programs	. Community-owned sports equipment . Adult formal educational programs . Services for handicapped children and adults . Child protection services . Drug abuse services . Family counselling . Family planning . Mental health services . Childrens' day care

Fund program[147] ,allocated almost 46 percent of its total grant commitment under this program to physical serivices improvement.

The greatest inadequacy, or, need, lies with community water services and streets. Both are considered to be highly essential to small community living but satisfaction among respondents with existing levels of provision is low. With respect to water services, quantity and quality of supply both warrant consideration. Expanding or seeking new sources is the only response in either case, although insufficient quantities may perhaps be a more urgent problem than its poor quality. Given the low level of satisfaction with water services in sample communties which have reserve or unlimited supplies, the identified need for water services improvement, as expressed by residents, must be acknowledged. Part of respondents' dissatisfaction with water services may also stem from what are perceived as excessive user utility charges. Comments expressed on numerous occasions suggest that low utility rates are percieved as one of the benefits of small community living but, this expectation is not being realized. Community satisfaction and QOL suffer as a result. As one respondent reported in frustration, "local taxes keep going up and up and we don't even have good water."

As described in an earlier chapter, the study communites differed significantly in terms of comprehensiveness of local street oiling/paving/hardsurfacing. Some had almost complete provision of all-weather streets throughout the community, others had completed only the main business street. Streets and roads which cannot withstand the severe and variable Western Canadian climate and which are unusable or in poor condition because of mud, potholes, poor grading or other similar problems are likely to cause concern among residents, particularly those who are directly affected, and those who may perceive that specific areas within a community have been 'favored' in street improvement.

---

[147] "The Community Capital Fund was established in 1974 to assist cities, town, villages and hamlets within the boundaries of a rural municipality to acquire, construct or equip capital works up to December 31, 1979": quote taken from the Saskatchewan Municipal Affairs *Annual Report 1979-80*, p.40

In visiting the sample communities, it was noted that streets in more recently developed residential areas often tended to be of poorer quality than those in more established areas. If the residents of these newer areas are newcomers to the community, the potential for newcomer/oldtimer conflict because of percieved inquality in service provision is created. Similarly, internal problems may be generated if residents are divided in their willingness to incur the costs of street improvement activities. The recourse taken in at least one sample community, it will be remembered, was to allow homeowners on particular streets to choose, as a group, whether they desired to have the street fronting their propery upgraded. If the decision favors such construction, their property taxes are increased to cover at least part of the costs. Residents on other streets remain unaffected in terms of tax levies. In this way, residents are allowed some degree of additional control over decision making which affects them. They may also be able to effect an improvement in their own QOL with some independence from the larger community.

It should be noted that sidewalks and street lighting were additional physical services identified as priority needs in the sampled communities. The above discussion related to the structural impacts of residential growth applies in this context also. It would appear that communities are content to "chip-away" at sidewalk construction projects, at a pace dictated by the availability of funds. It is unclear as to whether discrimination in provision of sidewalks exists between new and old sections of communities; in comments made by respondents, residents of each group felt that the other had been given preferential treatment. There was a large variation among the communities in terms of comprehensiveness of provision of sidewalks particularly, throughout the community.

Without allowing physical services to overshadow the developing "shopping list" of priority service needs, improvements in other service sectors also emerged as important to respondents. Although recreation needs, particularly those associated with ice-sport facilities, have been quite adequately addressed, recreation of an non-athletic nature, described earlier as 'cultural programs', remains wanting and a significant unfulfilled need

in small communities. With the availability of more leisure time and a more sophisticated view of desirable 'occupations' for that time (influenced in part by mass media, increased interaction with and in the mileau of larger urban centers, among other factors) sports and athletics are no longer as all-consuming of the interest and attention of small community residents than they perhaps once were. It would appear that in today's small communities, people with interests and abilities which lie beyond athletics do not, in their own perception, have satisfactory alternatives of a cultural nature to pursue. It is difficult to specify, without more analysis, whether any particular group or segment of the small community population is more or less well-served in this respect. Children and teen-agers generally appeared to have relatively few alternatives to organized sports as interest activities in which to take part, particularly outside of the school system. Each sample community had some offering of cultural activities for youth (some more than others), but these were often aimed at elementary school aged children (Brownies, Boy Scouts, etc.) Few such services were provided specifically for teen-agers. A major problem, not surprisingly, was finding adults who were able and willing to donate their time to organizing and coordinating such activities.

The provision of specialized education services for mentally or physically handicapped youth emerged as a need of high priority. Perhaps most interesting about this find is the fact that few respondents (2.7 percent) reported the presence of a child in their home who required any type of specialized handicap assistance. The general population, through the efforts of mass media and personal interaction, have perhaps become more sensitized to the needs, feelings and capabilities of handicapped children. Also, they may have become more aware of the potential such children have for leading more productive and independent lives if exposed to an apropriate and stimulating educational environment. Recognition of the key role which education plays in determining adult life chances may also underwrite the degree of importance placed by respondents upon assisting all children, regardless of handicap or impairment to maximize their potential at that early life-stage.

This concern is also perhaps reflective of the gemeinschaft-like spirit which characterizes rural communities. That is, a sense of togetherness in a community by rallying to help 'one of its own', may translate into desire and actions to provide the necessary services which would enable even one needy child to remain in the community and receive an education. For example, it wil be recalled that the residents of Luseland joined together to purchase visual equipment to enable a sight-impared student to remain enrolled in the local school. Other examples abound.

The services of a general practitioner in a clinic or 'doctor's office' setting also emerged as significantly lacking in the sampled communities. Its percieved importance overshadowed that of assigned to hospital and nursing home care. Three of the study communities did not have a locally practising physician. In considering this finding, it should be remembered that qualitative aspects enter into and shape the perception of need. That a high priority needs exists relative to this type of health care may reflect unsatisfactory professional or personal interaction between the respondent and the local physician. In a larger urban center, some degree of associated need could be reduced simply by changing doctors.This alternative is seldom possible in small communties. Only two of the study communities had more than one general practitioner practising locally. To overcome doubts of competancy or conflicts in personality etc., in these cases, travel to other centers would be required, a solution which may be impractical or impossible, particularly for senior citizens and others with limited mobility. These observations do not diminish the relative importance of this need. Rather, they suggest that the underlying 'cause' for need is multi-dimensional and not limited to sheer lack of availability or access.

The need for services which assist persons affected, either directly or indirectly, by the problems of alcohol abuse was viewed to be of high priority by respondents. It is significant that among the social services considered in this study (excluding those focused specifically at senior citizens) a high priority need was identified only for programs which deal with alcohol abuse. Are problems with which such services are concerned non existent

in small communities? Or has public admission of alcohol related problems and visible pursuit of 'treatment' simply become more socially or morally acceptable than would be the case with other social problems? Given the low level of satisfaction reported with these services, it would suggest that the latter is perhaps more the case.

The final community service for which a need of high priority was identified was swimming pools. The origin of this need perhaps lies in the fact that although recreation activities, particularly for children, are numerous in the winter months with ice-sports and organized programs at school, these are far fewer during the summer. The provision of a swimming pool, as an outdoor facility, would also enable some relief from the summer heat, without having to travel outside of the community. As an indoor facility, a swimming pool can provide an additional recreational opportunity, available year round for all community residents.

VII. CONCLUSIONS

This study was an attempt to examine small communities in the contemporary societal context and identify needs in the community services sector, as those needs are perceived by community residents themselves. Although a large body of literature focuses upon this topic area, little relevant empirical research has been conducted in Canada and particularly in the province of Saskatchewan. This research generated several original conceptual and methodological approaches which, it was believed, would more incisively reflect existing realities in small communities. The resultant findings challenge muchof the conventional thinking on small communities and community service needs in this sector.

Generally, the proposition that small communities are declining as a viable societal form finds little support in the Saskatchewan context. Although ecological and functional transformations have altered the traditional roles these centers fullfilled in the regional community system, they are by no means realizing the doomsday predictions often painted for them in the popular press. The small community population is comprehensive in terms of socio-economic and demographic characteristics. Residents are pro-growth oriented in their preferences for community development and appear to take an active hand in effecting improvement in their quality of life.

A. Existing Community Services

A dominant theme in literature is that residents of small communities often lack local access to even basic services and that those which do exist are often sub-standard. The results of this study stand in strong opposition. In each of the communities studied, a broad and comprehensive range of services was available. Although the composition and sophistication of the service sector varied, residents of each community were able to locally access substantially more than a bare minimum of services. Given the high satisfaction evaluations assigned to many of the specific services considered, concerns over qualitative deficiencies may, too, be largely unwarranted. Further, in view of the comparatively small number of service consumers

in small communities, it may perhaps be a more valid question to ask whether small community residents are not better provided for than their metropolitan counterparts, particularly in such areas as recreation facilities and protective services.

B. Community Service Needs

The above discussion notwithstanding, community service needs do exist among residents of small communities. The list of priority needs which emerged from this study is modest in scope, reflecting perhaps the pragmatic attitudes of residents relative to the level of local service provision they can realistically achieve. Moreover, it suggests that significant inroads have been made toward already providing that optimum level of services, therefore fulfilling needs in small communities and improving the QOL in those centers. In its composition, this list only partially replicates those needs conventionally identified with small communities.

Physical services dominate community service needs in Saskatchewan small communities. Although service improvement in this sector has been continuous over the past years, residents perceive additional expansion and improvement to water services, streets and street lighting to be of high priority. While the construction of sidewalks has not been emphasized in many small communities, residents consider this to be a highly essential service and view service improvement in this area to be of high priority.

Complementarity with convention, at least in terms of degree, weakens when the disussion of needs extends beyond physical services. Deficiencies in recreation facilities, medical care and public schools are often cited in reference to small communities. In general, each of these service areas received positive evaluations of satisfaction from survey respondents, indicating they perceived local needs as being quite adequately fullilled. Specific exceptions do exist, however. Recreation-related needs in Saskatchewan small communities appear less in the area of facility installation but more so in the availibility of organized activities and programs to all groups in the community. Particularly deficient are non-ice

sports and athletic/recreational activities for women and senior citizens. Survey respondents strongly favored the construction of swimming pools as a means of further reducing local recreation deficiencies.

Existing medical clinic/doctor's office services are not seen by survey respondents as adequately fullfilling their need for this type of care. It is suspected that the problem may be partly due to inaccessibility (less so in an absolute sense, since only three of the survey communities did not have a full-time practising physician, and in all three cases a medical practice was located within 30 km of the community) in terms of large physician case loads which make it difficult to schedule appointments when required or convenient. Further, the doctor-patient relationship is a sensitive one and the nature and 'quality' of interaction likely to influence the patient's (resident) perception of overall service satisfaction. Satisfaction with existing hospital and nursing home services was of a moderate level, with residents perceving service improvement as not a high priority at this time. Ambulance services, considered highly essential for local provision,are viewed as being very satisfactory relative to current community needs.

Existing formal education services for children are viewed as highly adequate relative to the needs of local students. Improvement of local education services for disabled or handicapped students, however, is viewed as a significant need. Satisfaction with existing adult education services was quite low, although non-formal programs were evaluated at a higher level than formal programs. Relative to their needs in other service areas, however, residents do not see improvement to adult education services to be of high priority at this time.

Supplementing the specific services cited above, only two other services were identified at a high priority need level. The need for improved cultural services was a significant finding. Cultural services have been infrequently considered by past research in this area and seldom included in the service listing presented for respondent evaluation in needs assessment exercises. As such, whether resident perceived need for cultural services is a relatively new phenomenon in small communities, or if need had previously existed in this area but had been overlooked by

researchers, is unknown. The more salient point is that cultural-arts needs have a high fullfillment priority in Saskatchewan small communities. Finally, despite low satisfaction evaluations, in the opinion of survey respondents improvement of social services is not considered necessary at the present time. This may be due to the fact that the government of Saskatchewan already places considerable emphasis on the provision of various social services. Improvement of these services may be equated with an increase in provincial tax assessments and therefore, particularly in uncertain economic times, residents may be uninterested in effecting improvement in this service sector. A single exception exists, however, with respect to improvement of services that address problems related to alcohol abuse. This is considered to be of high priority. As was discussed earlier, it is unknown whether alcoholism is a more prevalent problem in small communities or is simply perceived as being so as a result of the sensitizing efforts of mass media campaigns against, for example, impaired driving. Similarly, owing to the public sanction which the assistance and treatment of these problems has received, less of a social stigma may be associated with being identified as in need of such services; therefore need may be more openly recognized than in other problem areas.

To summarize the above discussion; the findings of this study have shown that many common community service needs suggested in previous studies are absent in Saskatchewan small communities. This may indicate that the results of past research are no longer valid in the present-day context. On the other hand, it may reflect conscious decision making by provinical government planners and others involved in service provision at the small community level, which has resulted in the more recent fullfillment of needs in traditional areas of deficiency. The newly developed needs list indicates an increased sophistication in the values and perceptions of small community residents. It reflects, too, a redefinition of the constituents of a desirable quality of life in small communities. The physical services sector, despite a sustained effort at service improvement, remains a dominant area for continued attention.

This study was small in scope relative to the number of communities examined. A test of the validity of its findings would lie in an expanded analysis involving a larger community and resident sample. Similarly, it would be interesting to examine the generalizability of these findings at the regional and inter-regional levels. Given the ecological, structural, political and other differences which exist among geographic regions in Canada, it is suspected that generated needs lists would vary in their composition across these regions.

C. Considerations for Service Improvement Planning

Respondent evaluations indicate that needs in the areas of formal education for children, protective services, recreation, at-home assistance for senior citizens and public libraries have been fullfilled in small communities. Given the limited resource base available for service improvement, provision-related attention may be safely diverted, to some degree, away from these service areas and focused upon needs identified as having a high priority for fullfillment through service improvement. This is not to suggest that once-satisfied, needs and their related services may be ignored. Nor that needs which did not emerge as being of high priority for fullfillment should be ignored. Rather, the observation is that the additional resources focused at further expanding or enhancing these services may be more effective if diverted to areas of more outstanding need, if the objective is to maximize the need-fullfilling impact of a limited resource base. The optimum needs assessment process must be a continual one, sensitive to changes in circumstances and values in the population with which it is concerned, indicating the appropriate direction for resource allocation in that process.

D. Small Community Category

The community typology developed for this study proved a useful vehicle for cross comparisons at the service inventory and resident characteristic levels. Using this framework, it was revealed that significant variations exist among small community categories in terms of physical, economic, infrastructural, spatial, and human variables. The implications for service

delivery planning and provision are significant. Failure to account for these variations risks decision-making which is not universally appropriate or effective.

With respect to existing services, the survey communities appeared to be ordered along a continuum, with rural regional centers having the most developed community services sectors at one end, and fringe communities at the other if in-community location of services is used as a criterion for placement.However, if service accessibility is the criterion, home towns placed at this end. While various specialized services were absent in fringe communities, they could be accessed in the nearby city. Being more remotely situated, residents of home towns which lacked specific services do not have as convenient an alternate service base to rely on. As such, need for specific services may be of greater magnitude in home towns than in fringe communities.

The home town category which was created in this study revealed large internal variations among communities in the size and complexity of their community service sector. In this respect, the expected degree of internal homogeneity was not realized. In considering possible reasons for the sometimes dramatic difference in service provision among those communities which shared similar economic base characteristics, spatial circumstances, and population characteristics, it is suggested that the key underlying factor is the administrative and management capability of the town mayor. In those communities which had a more highly developed service sector, the current or a past mayor appeared particularly adept at organizing and implementing service improvement projects, and at accessing project funding at the provincial government level. This would suggest that, at least among home towns, service provision assistance to develop these abilities in local leadership may be at least as integral to realizing improvement in community services provision as increasing the amount of funds allocated for that purpose.

Relative to the discussion of respondent characteristics, the community typology once more proved useful. Fringe communities clearly set themselves apart while the other three categories were aligned along a continuum, with rural regional centers and home towns forming

the polar types.

The logical follow-up in data analysis of this research would be testing for predictable relationships between community type and community service needs. While this was included in the original objectives, logistical considerations placed it beyond the scope of this research. On the basis of the findings discussed above, the hypothesis that significant differences exist among community categories with respect to community service needs should be examined more closely.

E. Determination of Need

Global measures of satisfaction are commonly used in research of this nature. The approach is to infer need from the absence of perfect satisfaction with a specific service. Magnitude of need would correlate inversely with satisfaction level. However, if the hypothesis that 'urgency' for need fullfillment is influenced by values, thereby being the product of a conscious choice rather than an innate drive, is accepted, this approach becomes inadequate. As was learned in this research, services which share similar satisfaction rankings may have quite disparate rankings of essentiality and vice versa. Assignment of service improvement priorites, hence, service needs, in ignorance of such discriminating factors runs the risk of generating misleading results. Although the tools developed for making needs discriminations in this research may be challenged as being somewhat coarse, they do form a useful foundation for the development of a more refined instrument in future related studies.

Similarly, need is a function not only of community residents and their personal characteristics such as values, but is also a function of the community in which they reside. Failure to adequately account for variations and differences in either area in the needs assessment exercise, is likely to produce results which, though interesting, have little validity or utility in the practical sense.

F. Concluding Statement

The overall objective of this thesis was to develop an information base which could have functional utility in the planning of programs and activities aimed at enhancing the quality of life in small communities. Its major product was a list of community service needs, ordered in terms of priority for fullfillment, as perceived by community residents. The optimum needs assessment is a complex and integrative process. It draws upon multiple perspectives of the phenomenon being investigated. It is through the synthesis of these perspectives that a valid statement of need and appropriate directions for need reducing action may be developed. The results of this study provide, at the minimum, one component perspective of that process.

Bibliography

Abramson, Jane A. *Rural Non-farm Communities and Families: Social Structure, Process and Systems in Ten Saskatchewan Villages*. Canadian Center for Community Studies, University of Saskatchewan. 1967.

Anderson, A.H. "Space as a Social Cost" *Journal of Farm Economics*. 1950. pp.411-430.

Andrews, Wade H. and Ward W. Bander. *Comparison of Social Change in Monroe and Noble Counties of Ohio*. Ohio State University Agriculture Research and Development Centre. Bulletin No. 407, 1968.

Babbie, Earl. *The Practiceof Social Research*. Belmont, California: Wadsworth Publishing Company, Inc. 1975. pp. 260-279.

Baker, Harold R. "Rural communities in the west", the *Agrologist*. Vol. 10, No. 2, 1981. pp. 12-18.

Basson, Priscilla. "Planning and Perception of Needs in Five Upstate New York Counties." *Journal of Community Development Society*. Vol. 1, No. 1, 1970. pp. 53-66.

Beatty, Paulette T. "The Concept of Need: Proposal for a Working Definition." *Journal of Community Development Society*. Vol. 12, No. 2, 1981: p.p. 39-46. p.39.

Bell, Roger A., et al. "Social Utilization, Social Indicator, and Citizen Survey Approaches to Human Service Need Assessment," as found in C.C. Attkisson, W.A. Hargreaves and

M.J. Horowitz (eds.). *Evaluation of Human Service Programs.* New York: the Academic Press, 1978. pp. 253-300.

Blakney, John. "Planning for Small Rural Communities: A Case Study of Hunter River, P.E.I." Unpublished Master's Report. Queen's University School of Urban and Regional Planning. 1977.

Bloom, B.L. *Changing Patterns of Psychiatric Care.* New York: Human Services Press, 1975;

Blum, H.L. *Planning for Health.* New York: Human Sciences Press, 1974.

Carruthers, Garry E., Eugene C. Erickson and Kathryn N. Renner. *Delivery of Rural Community Services: Some Implications and Problems.* New Mexico State University Agricultural Experiment Station, Bulletin No. 635. 1975. pp 13-15.

Chapman, Paul. *Unmet Needs and the Delivery of Care.* Occasional Papers on Social Administration, No. 61. London: the Social Administration Research Trust, 1979.

Christaller, W. *Central Places in Southern Germany,* translated by C.W. Baskin, New York: Prentice-Hall, 1966.

Danke, Gregory A. and Patricia Klobus-Edwards. "Survey Research for Public Administrators." *Public Administration Review.* No. 39 (September/October), 1979. pp. 421-426.

Dillman, Don A., Jean Gorton Gallegus,and James H. Frery, "Reducing Refusal Rates for Telephone Interviews", *Public Relations Quarterly,* 40, 1976 pp 66-78.

Dillman, D. *Mail and Telephone Surveys.* New York: John Wiley and Sons. 1978.

Eicher, Joanne E., et al. *Satisfaction With Community: A Longitudinal Study in the Upper Peninsula.* Michigan State University Agricultural Experiment Station, Research Report No. 348. 1978.

Feldstien, P.J. "Research on the Demand for Health Services" as found in J.B. McKinlay (ed.) *Economic Aspects of Health Care.* New York: Prodist, Milbank Memorial Fund, 1973.

Galpin, Charles J. *The Social Anatomy of an Agricultural Community.* Agricultural Experiment Station Bulletin No. 1, University of Wisconsin, 1915.

Ganey, Rodney. *A Social Report for Calhoun County: Social Indicators for Rural Development.* Sociology Report 134A. Ames: Iowa State University, 1977.

Gates, Bruce L. *Social Program Administration: the implementation of social policy.* Englewood Cliffs. N.J.: Prentice-Hall Inc., 1980. p. 173.

Geismen, L.L. and Beverly Aynes. *Families in Trouble.* The Family Centered Project, Greater St. Paul Community Chest and Councils, Inc. St. Paul, Minnesota, 1958.

Gladhart, Peter M. and Patricia Britten. *The Impact of Rapid Population Growth on Housing, Public Service Needs and Citizen Priorities in a Rural Community.* Michigan State University Agricultural Experiment Station. Research Report No. 366. 1978.

Goudy, Willis J. "Evaluations of Local Attributes and Community Satisfaction in Small Towns", *Rural Sociology*. Vol. 42, No. 3, 1977. pp 371-382; Hicks,

Gould, Julius and William L. Kolb (eds.). *Dictionary of the Social Sciences*. Compiled under the auspices of UNESCO. New York: The Free Press, 1964. pp. 462-463.

Haigh, R.J. "Resident Characteristics of Six Urban Fringe Communities in the Edmonton Region." Unpublished M.Sc. Thesis, The University of Alberta, Edmonton, Alberta. 1978.

Halfhide, E. *Notes on Small Communities*, Internal Document, Architectual and Planning Division, Canadian Mortgage and Housing Commission (CMHC), 1972.

Hamilton, J.R., D.V. Peterson and R. Reid. *Small Towns in a Rural Area: A Study of Small Towns in Idaho*. University of Idaho Agricultural Experimental Station, Research Bulletin No. 91. 1976.

Hansen, Niles J. *The Future of Nonmetropolitan America* Lexington: Lexington Books, 1973; Tucker, Jack C. "Changing patterns of migration between metropolitan and nonmetropolitan areas in the United States: Recent Evidence.", *Demography*. Vol. 13, 1976, pp 435-43;

Hatry, Harry, et al. *How Effective Are Your Community Services? Procedure for Monitoring the Effectiveness of Municipal Service*. Washington, D.C.: The Urban Institute, 1973.

Haynes, Alan, "Western Voices", an unpublished Dept. of Sociology research report. University of Saskatchewan, 1977.

Hillery, George A. Jr. "Definitions of Community: Areas of Agreement" *Rural Sociology.* Vol. 20, No. , 1955. pp. 111-123.

Hodge, Gerald, "Do Villages Grow - Some Perspectives and Predictions" *Rural Sociology* Vol. 31, No. 4, 1966. pp. 183196.

Hodge, G. and MA. Qadeer. *Towns and Villages in Canada: A Report to the Ministry of State for Urban Affairs,* Government of Canada. Queen's University School of Regional and Urban Planning. 1977.

Hodge, G. and M.A. Qadeer.*Towns and Villages in Canada.* Toronto: Butterworths. 1983.

Holleb, Doris B. *Social and Economic Information for Urban Planning.* The Centre for Urban Studies, University of Chicago. Chicago: University of Chicago Press, 1969.

Homenuck, P. "Prospects for Revitalizing Small Communities" as found in R.G. McIntosh and I.E. Housego (eds) *Urbanization and Urban Life in Alberta,* publisher unknown, 1970.

Horton, Gerald et al., and the Research Group, Inc. *Techniques for Needs Assessment - Social Service Planning,* report financed by HEW, Contract No. SRS 500-76-007.

James, Bernard W. "Can 'Needs' Define Educational Goals?" *Adult Education.* Vol. 7, No. 1, Autumn, 1956. pp. 171-194.

Kahn, Alfred J. *Social Policy and Social Services.* New York: Random House, 1973.

Kaufman, Roger and Fredrick W. English. *Needs Assessment*. Englewood Cliffs, N.J.: Educational Technol ogy Publications, 1979.

Kilburn, Arthur G. "Community Survey Produces Action." *Journal of Community Development Society*. Vol. 1, No. 2, Fall 1970. pp. 125-128.

Kirkland, J.S., *An Overview of Small Communities in Canada*. Development Group. Central Mortgage and Housing Corp., May, 1976.

Kuehn, John P. *Satisfaction with Community Services in North West Virginia*. West Virginia Agricultural and Forestry Experiment Station, Bulletin No. 649. 1976.

Laframboise, Josette. *A Question of Needs*. Ottawa: The Canada Council on Social Development, 1975.

Leagans, J. P. "A Concept of Needs", Ithaca, N.Y.: Cornell University, mimeograph adapted from *Journal of Cooperative Extension*, Vol. 2, No. 2, pp. 89-96.

Lee, D. "Are Basic Needs Ultimate?" as found in D. Lee (ed.) Freedom and Culture. New York: Prentice-Hall, 1959. pp. 70-77.

Maitland, Brian. "Developmental Tasks Among Alberta Rural Youth and Their Implication for 4-H Programming." Unpublished M.Sc. Thesis, The University of Alberta, Edmonton, Alberta. 1981.

Maslow, A.H., "'Higher' and 'Lower' Needs," *The Journal of Psychology*. Vol. 25, 1948: pp.

433-436.

McMahon, Ernest E. *Needs - of People and Their Communities - and the Adult Educator.* Washington, D.C.: Adult Education Association of the USA. 1970;

Meenaghan, Thomas M., Robert O. Washington and Robert M. Ryan. *Macro-Practice in the Human Services.* New York: the Free Press, 1982.

Milbrath, Lester. "Policy Relevant & Quality of Life Research." *The Annals of the American Academy of Political and Social Science.* No. 444, July 1979. pp. 32-45.

Molnar, Joseph J. and Sally R. Purohit. "Citizen Participation in rural Community Development: Community Group Perspectives. *Journal of Voluntary Action Research.* Vol. 6, January 1977. pp. 301-316.

Molnar, Joseph J., et al. "A Longitudinal Analysis of Satisfaction with Selected Community Services in a Non-metropolitan Area." *Rural Sociology.* Vol. 44, No. 2, 1979. pp. 401-419.

Molnar, Joseph J. and John P. Smith. "Satisfaction with Rural Services: The Policy Preferences of Leaders and Community Residents." *Rural Sociology.* Vol. 47, No. 3, 1981, pp. 496-511.

Molnar, Joseph J. "Community Services Research: Some Continuing Reflections" *The Rural Sociologist.* Vol. 1. No. 3, 1982. Pp 150-151; p.150.

Morawetz, David. "Twenty-Five Years of Economic Development." *Finance and*

Development, World Bank, Vol. 14, 1977. pp. 10-13;

Nix, Harold R. and Norma R. Seerley. "Comparative Views and Actions of Leaders and Non Leaders." *Rural Sociology*. Vol. 38, No. 4, 1973. pp. 427-438.

Nix, Harold L., George S. Brooks and Bradley S. Courtenay. "Comparative Needs of Large and Small Communities." *Journal of Community Development Society*. Vol. 17, No. 2, 1976. pp. 97-105.

Ostrom, Elinor. "Why Do We Need Multiple Indicators of Public Service Outputs?" as found in Jerome M. Stond (ed.) *National Conference on Nonmetropolitan Community Services Research, Committee Print*. Washington, D.C.: United States Government Printing Office, 1977. pp. 277-286.

Parkinson, Anna, "Growth of Small Urban Centers", An unpublished Master of Environmental Design (Urbanism) thesis. University of Calgary, 1978.

Parmar, S.L. "What good is economic betterment..." *Ceres*. Vol. 3., No. 4, 1974; et al.

Poplin, Dennis E. *Communities: A Survey of Theories and Methods of Research*. 2nd ed. Toronto: Macmillan. 1979.

Purohit, et al. *Community Services and Economic Development in East Central Alabama: Data Book*, Auburn University Agricultural Experiment Station. 1977. p. 1

Qadeer, Mohammad A. "Issues and Approaches of Rural Community Planning in Canada", *Plan Canada* Vol. 19, No. 2, June 1979. pp 106-121; p. 112.

Robinson, W.S. "Ecological Correlation and the Behavior of Individuals." *American Sociological Review.* No. 15, Vol. 2, 1950. pp. 351-357.

Rosentraub, Mark and Lyle Thompson, "The Use of Survey of Satisfaction for Evaluation." *Policy Studies Journal.* No. 9 (Summer), 1981. pp. 990-999.

Russell, E.T. (ed.) *What's In a Name.* Saskatoon: Western Producer Book Service. 1973.

Sargent, Frederic O. "Experiments in Rural Town Planning." *Journal of Community Development Society.* Vol. 4, No. 1, Spring 1973. pp. 29-36.

Schaefer, M.E. "Demand Versus Need for Medical Services in a General Cost-Benefit Setting." *American Journal of Public Health.* 65, 1975. pp. 293-295.

Schulberg, H.C. and H. Wechsler. "The Uses and Misuses of Data in Assessing Mental Health Needs." *Community Mental Health Journal.* No. 3, 1967. pp. 389-395;

Seers, Dudley."The Meaning of Development." *International Development Review.* Vol. 1, No. 1, 1980. pp. 25-26;

Seigel, Larry M., C. Clifford Attkisson and Linda C. Carson. "Need Identification and Program Planning in the Community Context," as found in C. Clifford Attkisson, William A. Hargreaves and Mardi J. Horowitz (eds.) *Evaluation of Human Service Programs.* New York: Academic press, 1978. pp. 215-252.

Sheldon, E.B. and Parke, B. "Social Indicators." *Science.* No. 188, 1975. pp. 693-699.

Shin, Doh C. "The Quality of Municipal Service: Concept, Measure, Results." *Social Indicators Research.* Vol. 4, May 1977. pp. 218-220, 225.

Social Planning Council of Ottawa and District, *Action '70 Report.* Ottawa: Social Planning Council of Canada and District, 1970.

Stipak, Brian "Citizen Satisfaction with Urban Services: Potential Misuse as a Performance Indicator." *Public Administration Review.* Vol. 39 (January-February), 1979. pp. 46-52; et al.

Streeten, Paul et al., First Things First. New York: Oxford University Press, 1981;

Summers, Gene F., et.al. *Industrial Invasion of Nonmetropolitan America,* New York: Praeger Press, 1976.

Sutton, Willis A. Jr., and Thomas Munson, "Definition of Community: 1954 through 1973." Paper presented to the American Sociological Association, New York, August 30, 1976.

Tweeten, Luther and George L. Brinkman, *Micropolitan Development.* Ames, Iowa: Iowa State University Press. 1976.

United States Congress. *The Rural Development Act of 72; Analysis and Explanation, public law 92-419.* Washington, D.C., 1972.

Warheit, George J., Roger A. Bell and John J. Schwab. *Needs Assessment Approaches: Concepts and Methods.* Washington, D.C.: U.S. Dept. of Health, Education and

Welfare, Public Health Service, 1973.

Washington, R.O. Program Evaluation in the Human Services. Lanham, Md.: University Press of America. 1980.

Wolins, Martin and Jerry Turem. "The Social Function of Social Welfare." *The Emergence of Social Welfare and Social Work*. New York: Peacock. 1976.

Woods, Gordon and Company *Management and Planning Capabilities in Small Communities.* Study Background Paper No. 1. A Study undertaken for the Ministry of State for Municipal Affairs.

Appendix A

DEPARTMENT OF RURAL ECONOMY
The University of Alberta
Edmonton, Alberta T6G 2H1
Phone: (403) 432-4225

July 15, 1982

Dear Resident,

Skating Rinks, Nursing Homes, Police and Fire Protection!!

These are only a few of the many community services which residents of small communities want and need. How satisfied are you with the services currently available in your own community? Which services would you like to see introduced or improved?

With the cooperation of the Saskatchewan Dept. of Urban Affairs, I am conducting this study to determine the community service needs and provision priorities of the residents of small communities (population 500-2500) in this province. This information is very important as it will provide planners and community leaders with accurate knowledge of residents' needs and preferences. It may also assist with the appropriate distribution of financial grants and other Programs.

Your community is one of twelve chosen to represent the 117 small communities in Saskatchewan. You are one of a small number of residents in this community selected to participate in this study.

A short questionnaire has been mailed to you and should arrive within a few days. Please take the time to fill it out. Its questions will ask you about your community service needs and your opinion on desirable directions for future development. There are no right or wrong answers to these questions so please be sure to tell me what you really feel or think. Your answers are kept completely confidential; there is no way that they can be traced back to you. Please mail the completed questionnaire back to me BEFORE AUGUST 6, 1982. A stamped addressed envelope will be provided.

I am a Saskatchewan resident currently completing a Master's degree in Rural Sociology at the University of Alberta. My interest in small communities stems from my having been raised in a small community, Wakaw, located in the north central region of the province.

Your participation in this study will help improve the quality of life in Saskatchewan's small communities. Thank you in advance for your help.

Sincerely yours,

Sharon A. Chomyn
Graduate Student

DEPARTMENT OF RURAL ECONOMY
The University of Alberta
Edmonton, Alberta T6G 2H1
Phone: (403) 432-4225

July 20, 1982

Dear Resident

The enclosed questionnaire is part of a study investigating community service needs and provision priorities in small communities. The information collected will provided planners and local community leaders with up-to-date knowledge of residents' needs and preferences. As well, many communities are using Government sponsored grants and other Programs to help with local service provision/improvement. This study will also show whether this assistance is being allocated appropriately in light of residents needs.

You are one of a small number of residents in this community selected to participate in this study. As such, you should have received a letter from me a few days ago explaining its background and purpose.

Please take the time to fill out this questionnaire. There are no right or wrong answers so be sure to tell me what you really feel or think. This information is kept completely confidential, there is no way that your answers can be identified as being yours. Place the completed questionnaire in the stamped, addressed envelope provided. Please mail it back to me BEFORE AUGUST 6, 1982.

You play an important role in determining the future of Saskatchewan's small communities. Thank you for being involved in this study.

Sincerely,

Sharon A. Chomyn
Graduate Student

COMMUNITY SERVICE NEEDS
RESIDENT SURVEY

CONFIDENTIAL

The objective of this survey is to learn the community service needs and priorities of the residents of small communities (population 500–2,500) in the Province of Saskatchewan. Questions asked in this questionnaire try to determine community service preferences, satisfaction with existing services and service provision methods and desirable directions for future development in these communities. There are no right or wrong answers to these questions, so please respond the way you really feel or think. The information you provide will be kept completely confidential.

I. These questions relate to your community and how you feel about it.

1. **How many years have you lived in this community?** _____ Years

2. **What was your *main* reason for choosing this particular community to settle in?**

   _____

   _____

   _____

3. **If you lived in another community before coming to this one, state the *main* reason you left your last place of residence.**

   _____

   _____

   _____

4. **We would like to know how you feel about your community.**
   (Please circle only one number for each question).

   a. Overall, how do you rate your community as a place in which to live?

      (terrible) 1 2 3 4 5 6 7 (excellent)

   b. How do you feel about living in this community?

      (very UNhappy) 1 2 3 4 5 6 7 (very happy)

   c. What is the social atmosphere like in this community?

      (very UNfriendly) 1 2 3 4 5 6 7 (very friendly)

   d. How would you feel about moving away from this community?

      (very interested) 1 2 3 4 5 6 7 (very UNinterested)

   e. "Friendliness" in this community seems to be ...

      (much less than in the past) 1 2 3 4 5 6 7 (much higher now)

   f. The level of "community spirit" in this community seems to be ...

      (much less than in the past) 1 2 3 4 5 6 7 (much higher now)

   g. Compared to neighbouring communities, "community spirit" here is ...

      (very much less) 1 2 3 4 5 6 7 (very much higher)

5. **Please circle the appropriate number to indicate whether you Strongly Agree (1), Agree (2), Undecided (3), Disagree (4), or Strongly Disagree (5) with each of the statements listed below.**

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Big cities may have their place but the small community is the backbone of Canada.	1	2	3	4	5
News about our local community is usually more interesting than national or international news.	1	2	3	4	5
World events are important, but mainly because of the way they affect our community.	1	2	3	4	5
Membership in local organizations is more rewarding than membership in national or international organizations.	1	2	3	4	5
When it comes to choosing a person for a responsible public office, it's best to choose someone whose family is well-known and well-established in the community.	1	2	3	4	5
Even though prices may be higher, a person should always buy from the local merchant before shopping elsewhere.	1	2	3	4	5

II. This section deals with community services and their provision in your community. Please attempt to answer all questions as accurately as possible.

6. **For each resident group, Youth, Adults, Senior Citizens, reply Yes (1) or No (2) to the following question. (Please circle)**

In your community, are the needs of each resident group being adequately met in:

	Youth		Adults		Senior Citizens	
	Yes	No	Yes	No	Yes	No
Medical care	1	2	1	2	1	2
Social services (eg. family planning, A.A., etc.)	1	2	1	2	1	2
Cultural-social facilities (eg. club rooms, hall)	1	2	1	2	1	2
Cultural activities (eg. drama club, etc.)	1	2	1	2	1	2
Social activities (eg. dances, bingo, etc.)	1	2	1	2	1	2
Recreation facilities	1	2	1	2	1	2
Recreational programs (eg. exercise classes, hockey teams, etc.)	1	2	1	2	1	2
Formal education	1	2	1	2	1	2
Non-formal education (eg. cooking, home car repair classes, etc.)	1	2	1	2	1	2

7. **On the following two pages is a list of community services that may be found in your town. For each service listed:**

   a. In COLUMN A, circle the appropriate number to show how ESSENTIAL you think it is for that service to be available in a small community.

   b. In COLUMN B, circle the appropriate number to show how SATISFIED you are with the quality of that service in your community. (If a particular service is not present in your community, indicate your feelings about its absence).

COMMUNITY SERVICES	COLUMN A ESSENTIALITY					COLUMN B SATISFACTION				
	VERY ESSENTIAL				VERY NON-ESSENTIAL	VERY SATISFIED				VERY DISSATISFIED
Culture - Education:										
(1) Public library	1	2	3	4	5	1	2	3	4	5
(2) Museum of local history	1	2	3	4	5	1	2	3	4	5
(3) Cultural arts programs (eg. music lessons, local drama club, etc.)	1	2	3	4	5	1	2	3	4	5
(4) Kindergarten	1	2	3	4	5	1	2	3	4	5
(5) Elementary school	1	2	3	4	5	1	2	3	4	5
(6) High school	1	2	3	4	5	1	2	3	4	5
(7) Adult formal education programs (eg. high school upgrading, etc.)	1	2	3	4	5	1	2	3	4	5
(8) Adult non-formal education programs (eg. cooking, home car repair classes, etc.)	1	2	3	4	5	1	2	3	4	5
(9) Education for mentally or physically handicapped	1	2	3	4	5	1	2	3	4	5
Physical Services:										
(10) Streets	1	2	3	4	5	1	2	3	4	5
(11) Sidewalks	1	2	3	4	5	1	2	3	4	5
(12) Street lighting	1	2	3	4	5	1	2	3	4	5
(13) Community water supply	1	2	3	4	5	1	2	3	4	5
(14) Sewerage system	1	2	3	4	5	1	2	3	4	5
(15) Garbage removal	1	2	3	4	5	1	2	3	4	5

COMMUNITY SERVICES	COLUMN A ESSENTIALITY VERY ESSENTIAL				VERY NON-ESSENTIAL	COLUMN B SATISFACTION VERY SATISFIED				VERY DISSATISFIED
Recreation:										
(16) Curling rink	1	2	3	4	5	1	2	3	4	5
(17) Skating rink	1	2	3	4	5	1	2	3	4	5
(18) Enclosed recreation center	1	2	3	4	5	1	2	3	4	5
(19) Sports field (baseball diamond, etc.)	1	2	3	4	5	1	2	3	4	5
(20) Golf course	1	2	3	4	5	1	2	3	4	5
(21) Swimming pool	1	2	3	4	5	1	2	3	4	5
(22) Playground for children	1	2	3	4	5	1	2	3	4	5
(23) Picnic grounds and park	1	2	3	4	5	1	2	3	4	5
(24) Community owned sports equipment	1	2	3	4	5	1	2	3	4	5
Health and Social Services:										
(25) Medical clinic (Doctor's office)	1	2	3	4	5	1	2	3	4	5
(26) Hospital	1	2	3	4	5	1	2	3	4	5
(27) Nursing home	1	2	3	4	5	1	2	3	4	5
(28) Mental health services	1	2	3	4	5	1	2	3	4	5
(29) Drug addiction services	1	2	3	4	5	1	2	3	4	5
(30) Alcohol addiction services	1	2	3	4	5	1	2	3	4	5
(31) Family planning	1	2	3	4	5	1	2	3	4	5
(32) Family counselling	1	2	3	4	5	1	2	3	4	5
(33) Child protection agency	1	2	3	4	5	1	2	3	4	5
(34) Community day care	1	2	3	4	5	1	2	3	4	5
(35) Services for handicapped or retarded adults	1	2	3	4	5	1	2	3	4	5
(36) Services for handicapped or retarded children	1	2	3	4	5	1	2	3	4	5
(37) At-home aid to senior citizens (eg. Meals-on-Wheels)	1	2	3	4	5	1	2	3	4	5
(38) Senior citizens housing	1	2	3	4	5	1	2	3	4	5
Protective Services:										
(39) Police protection	1	2	3	4	5	1	2	3	4	5
(40) Firefighting protection	1	2	3	4	5	1	2	3	4	5
(41) Ambulance service	1	2	3	4	5	1	2	3	4	5

8. **Even if police and fire protection are available from a neighbouring town, which 3 community services of the 41 listed in Question 7 (other than Physical Services) are most essential for a community to have? In order of importance (the first being most important) indicate below the numbers of these services as given in Question 7.**

First _____ Second _____ Third _____

9. **If money was available, which 3 community services of the 41 listed in Question 7 would you introduce or upgrade in your present community? In order of preference, (the first being most preferred) indicate below the numbers of these services as given in Question 7.**

First _____ Second _____ Third _____

10. **Would you be willing to pay a higher amount of local taxes than you already do to have those three services introduced in your community or to have them upgraded?**

_____ YES

_____ NO (go to question 12)

Please remember that all of your responses will be kept strictly confidential. This information will not return to your Municipal Tax Assessment Office.

---

11. **How many more dollars in local taxes would you be willing to pay per year to have this improvement in services? (select only *one* response)**

_____ $1.00 - 25.00 _____ 101.00 - 150.00 _____ over 300.00

_____ 26.00 - 50.00 _____ 151.00 - 200.00

_____ 51.00 - 75.00 _____ 201.00 - 250.00

_____ 76.00 - 100.00 _____ 251.00 - 300.00

12. **In each of the following categories, indicate (X) the one statement closest to how you would like to see each sector of your community grow.**

	Unlimited Growth	Moderate Growth	Very Little Growth	No Growth
Residential	___	___	___	___
Commercial	___	___	___	___
Industrial/Manufacturing	___	___	___	___
Community Services	___	___	___	___

13. **Does the local administrative system (as you understand it to work in your community) allow residents adequate opportunity to participate in the decision making process on issues of community service provision?**

_____ YES _____ NO

14. **Which one of the following statements *best* describes your opinion of the job your local Town Council is doing to provide the community services that you think your community should have? (Indicate your answer in the space below).**

a. "Working hard and doing the best they can."

b. "Could be doing better if they were able to put more time into the job."

c. "Would be doing better if the Provincial Government would give them more money to work with."

d. "Aren't doing their job well at all."

e. "I really don't know."

Statement _____ best describes my opinion.

15. **During the time that you have lived in this community have you ever ...**

	YES	NO
Run for a position on the Town Council?	___	___
Served at least one term as a Town Councillor or Mayor?	___	___
Written or talked to a Town Councillor or Mayor about having a specific community service provided or improved in this community?	___	___
Attended a Town Council meeting to encourage Council to provide a specific community service?	___	___
Signed a petition to encourage Council to provide or improve a specific community service?	___	___
Written or talked to your MLA or other Provincial Government official about getting a specific community service provided or improved in this community?	___	___
Been a member of a local voluntary organization that has worked to provide or improve a specific community service?	___	___
Donated either money or labour to help with a local community service project?	___	___

16. **Are there any services in your community (including those services NOT listed in question 7) on which you think the Town Council is placing TOO MUCH emphasis? Which one(s)? (Please specify.)**

_____

_____

_____

17. **Are there any services in your community (including those services NOT listed in question 7) on which you think the Town Council is placing TOO LITTLE emphasis? Which one(s)? (Please specify.)**

_____

_____

_____

III. These questions will ask you a little about yourself.

18. **Are you, at present, an active member of any voluntary organizations or service groups in your community?**

_____ YES _____ NO (go to question 20)

19. **Please list those organizations or groups and indicate what office (president, secretary, etc.), if any, you hold in each of them.**

_____

_____

_____

_____

20. **Even though the amount of time that you spend on voluntary or service group related activities may vary from month to month or season to season, how many hours do you estimate that you spend on such activities during an average month?**

_____ hours/month

21. **What is your main occupation?**

_____

Please list any part-time or secondary employment you currently have.

_____

_____

22. **And the main occupation of your spouse (if applicable)?**

_____

Please list any part-time or secondary employment he or she currently has.

_____

_____

23. **Is your place of work:**

_____ in your community or surrounding rural area

_____ in a neighbouring town or village

_____ in a neighbouring city

_____ other (please specify) _____

24. **Do you consider yourself to be an active member of a particular religious denomination?**

_____ YES _____ NO

25. **What is the highest year of schooling you have completed?**

Grade School 0 1 2 3 4 5 6 7 8

High School 9 10 11 12 13

Technical School 1 2 3 4

University 1 2 3 4 5 6 7 8 9

26. **What is your present marital status?**

_____ single (never married) _____ divorced or legally separated

_____ married (including common law) _____ other (specify) _____

_____ widowed

27. **Please give the number of children still living at home who are *under the age of 18*.**

a. _____ children

b. Do any require special services for the physically or mentally handicapped?

_____ YES _____ NO

28. a. **Do any partially or fully dependent persons who are *over the age of 18* reside with you in your home?**

_____ YES _____ NO

b. What is their relationship to you? (example: my parent, my son/daughter, etc.) (please specify)

_____

29. **Into which of the following categories does your age as of your last birthday fall?**

_____ Less than 18 years _____ 40 - 49 years

_____ 18 - 19 years _____ 50 - 59 years

_____ 20 - 29 years _____ 60 years or over

_____ 30 - 39 years

30. **Approximately what was the total amount of money (before taxes) earned by the members of your household (including yourself) in 1981?**

_____ Less than $10,000 _____ $30,000 - $34,999

_____ $10,000 - $14,999 _____ $35,000 - $39,999

_____ $15,000 - $19,999 _____ $40,000 - $44,999

_____ $20,000 - $24,999 _____ $45,000 - $49,999

_____ $25,000 - $29,999 _____ $50,000 or over

31. **Are you:**

_____ female _____ male

Thank you very much for taking the time to fill out this questionnaire. I hope that you found it interesting. Please *do not* sign the questionnaire *or* in any way indicate your identity on it. Please put this questionnaire into the stamped envelope provided. Be sure to mail it back to me BEFORE AUGUST 6, 1982.

Community Service Needs Study
Department of Rural Economy
Room 515E, General Services Building
University of Alberta
Edmonton, Alberta
T6H 2H1

If you have any additional comments that you would like to include, feel free to use the space provided below.

_____

_____

_____

_____

_____

_____

Appendix B

Saskatchewan

Minister
of Urban
Affairs

Legislative Building
Regina, Canada
S4S 0B3

(306) 565-6774

MAR 11 1982

Ms. Sharon Chomyn,
Graduate Student,
Department of Rural Economy,
University of Alberta,
EDMONTON, Alberta.
S6G 2H1

Dear Ms. Chomyn:

Thank you for your recent letter in which you outline your research project. I was particularly pleased to learn of your interest in Saskatchewan towns and villages and of your intention to study the adequacy of public programs in meeting community service needs of small urban centres.

I understand that you have been in touch with Mr. A.T. Auser, Manager of the Community Capital Fund Program and Mr. John Marusiak, Manager of the Community Services Contribution Program. Urban Affairs is willing to make its statistics and files available to you for your research.

I note that your study will also include interviews with municipal officials. I am confident you will not have any difficulty in obtaining their co-operation. To assist you in contacting municipal officials, Urban Affairs will be forwarding to you, under separate cover, a 1982 Municipal Directory. The department will also send you a catalogue of Provincial Financial Assistance and Services for Local Government.

Please write to the department directly if you need further detail or information on any aspect of our grant programs.

In closing, I wish you every sucess in your study.

Sincerely yours,

Walter E. Smishek.